Research Ethics

Training Course in Sexual and Reproductive Health Research

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Dr Sheryl van der Poel

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Outline

1. An ethics course
2. Ethics – the basics
3. Ethics – guidance
4. Addressing multi-culturalism

A full set of workshop topics with a reproductive health perspective

- Core components usually include:
  - The need for ethical review
  - Informed consent and the informed decision-making process
  - Risk and benefit assessment
  - Standard of care debate
- Special issues often include:
  - Vulnerability
  - Cultural ethical relativism
  - Multinational research and fair benefits
  - Unique situations in social science research
- Assessment of the work of ethics review committees
  - Roles, responsibilities
  - Implementation of scientific and ethics review of research
  - Challenges

The Nuremberg Code

"It took the cruelty described at Nuremberg to make the world realize it had to do something that would protect human subjects from inhumane research."

John Bryant (2000), President, CIOMS

Format: Collaborative and Interactive

- Plenary presentations on a series of topics – to provide background within an area of research ethics
- "Break-out" interactive sessions to review scenarios presenting ethical issues relevant to the presentation topic
- Discussions and role-playing (including the view of participants, community members, researchers, ethics committee members, monitors, member of ministries/academic institutions, industry, etc.) to present and discuss the outcome of the ‘break-out’ sessions
- A full mock-IRB session, which helps to discover methods of practice for ethics research proposal review in committee.

Outline

1.
2. **Ethics – the basics**
3.
4.

Research ethics is not (only) the informed consent form

Informed Consent and the Decision-making Process

- There is a distinction between:
  - informed* consent (documentation), and
  - informed decision-making process
- Informed decision-making process includes:
  - informed consent, and
  - informed dissent

* "informed" requires (among other components) education, understanding, discussion & acknowledgements of risk and benefits

Informed decision-making requires:

The decision by the participant to be:

- based on competence (ability to understand)
- voluntary (free of coercion, undue influence, intimidation or inducement)

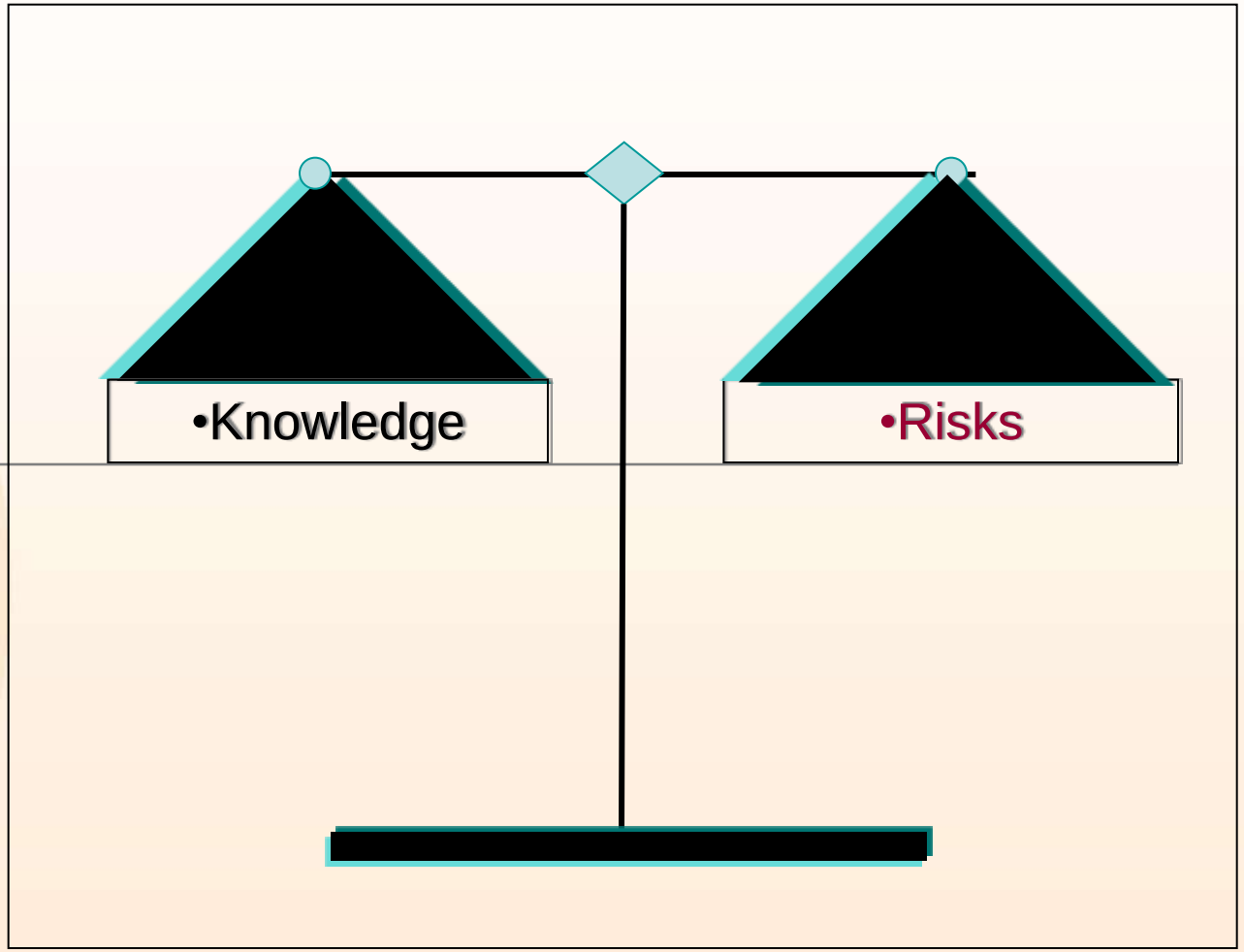
Information from the investigator to be:

- comprehensive (complete)
- comprehensible (simple language)

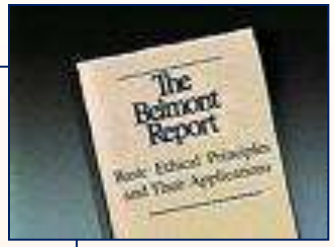
Do we really need to do research on humans?

Do you really need to do the research you have designed?

The Ethical Dilemma.....



Complexity in the Guidance of Research Conduct in SRH:
Deconstructing that complexity with the Belmont Principles



Respect for persons

A. Consent, Access to information

B. Privacy of participants, Autonomy, Protection of confidential information

Beneficence

Harms and Benefits

Justice

Respect for person

Information: Moral implications in SRH research

- Information revealed may be extremely disturbing for the participant (e.g., minors, violence)
- Research may include vulnerable groups, adolescents, trafficked women
- Information about sexual matters are deeply personal and private
- Information received may be deeply distressing for the research worker

Respect for the person: Commercial Sex Workers (CSWs)

Maintaining Confidentiality: Legal implications

- Sensitive information about collateral illegal activities, human trafficking, drug use may be obtained
- Will the information gathered harm the participants or/and researchers?
- Statutory duty to inform the authorities
- Court order to compel disclosure

Respect for person: Commercial Sex Workers

- **Maintaining confidentiality**
- **Maintaining respect**
  - Participants view the researcher as “naïve, straight-laced, judgmental and fundamentally different”. The author questioned her own role as “voyeuristic, exploitive, emotional, and vulnerable..”

    Miller J. Researching violence against street prostitutes. Methodological and personal perspectives. MD Schwartz. Sage Publications

Beneficence: Harm and Benefits

- **Does the research help the participants? (such as the CSWs?)**
- **Can the research be used against the participants?**
- **How is the research beneficial?**
  - Can the identified gaps be addressed?

Paragraph 5, Helsinki Declaration: …well being of the participants should take precedence over the interests of science and society.

Beneficence: not just to participants but to groups (communities, schools, workplace, hospitals…)

Harm from Stigmatization:

- **A stigma is a mark of shame or discredit**
- **Double stigmatizations:**
  - Association of AIDS with homosexuality
  - Association of AIDS and/or STIs with sex workers
  - Association of a husband with sexual violence if wife is interviewed on the subject
  - Association of risky behaviour of teens to a particular school or community
- **Researchers must evaluate whether or not their research could result in such group harms and, if this is a possibility, minimize this risk**

Justice

- **People should be treated fairly. Selection of research participants, must be unbiased and fair.**
- **Examples of injustices:**
  - Potentially risky research for undesirable vulnerable groups
  - Potentially beneficial research for favoured groups

The prospect of gaining new scientific knowledge

need not

and

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should not

be pursued at the expense of human rights and dignity.

Outline

1.
2. **Ethics - guidance**
3.
4.

Research Ethics is not (only) Research Ethics Review

Ethics: based on Human Rights:
Equality, Health, Privacy, Non-Discrimination including the Areas of Economic, Social and Cultural Rights

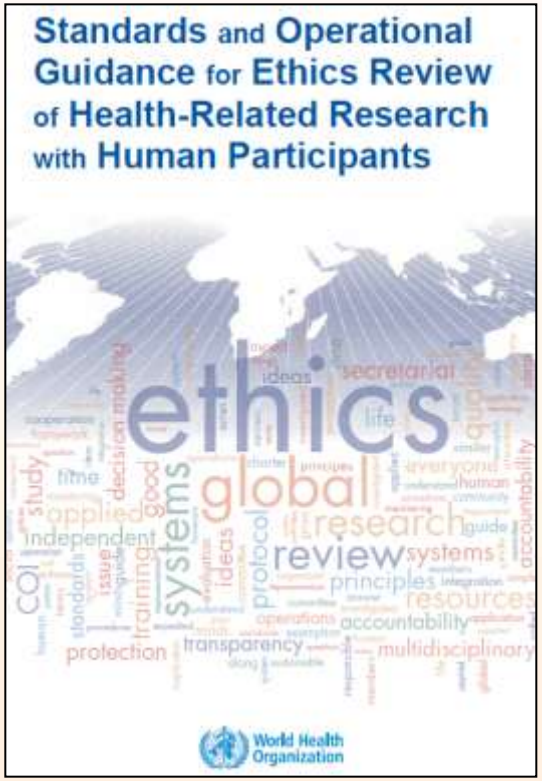
- Universal Declaration of Human Rights, adopted Dec. 10, 1948, G.A. Res. 217A (III), U.N. Doc. A/810, Art. 2 (1948).
- International Covenant on Civil and Political Rights, *adopted* Dec. 16, 1966, G.A. Res. 2200A (XXI), UN GAOR, 21st Sess., Supp. No. 16, U.N. Doc. A/6316 (1966), 999 U.N.T.S. 171, Art. 6(1) (*entered into force* Mar. 23, 1976) [ICCPR];
- International Covenant on Economic, Social and Cultural Rights, *adopted* Dec. 16, 1966, G.A. Res. 2200A (XXI), UN GAOR, 21st Sess., Supp. No. 16, U.N. Doc. A/6316 (1966), 993 U.N.T.S. 3, Art. 12 (*entered into force* Jan. 3, 1976) [ICESCR];
- Convention on the Elimination of All Forms of Discrimination against Women, *adopted* Dec. 18, 1979, G.A. Res. 34/180, UNGAOR, 34th Sess., Supp. No. 46, U.N. Doc. A/34/46, 1249 U.N.T.S. 13, Arts. 12, 14 (*entered into force* Sept. 3, 1981) [CEDAW];
- Convention on the Rights of Persons with Disabilities, *adopted* Dec.13, 2006, G.A. Res. 61/106, U.N. Doc. A/RES/61/106 (2006), 1249 U.N.T.S. 13, Arts. 10, 25 (*entered into force* May 3, 2008) [CRPD]
- Concluding Observations of the Committee on the Rights of the Child: Armenia, para. 38, U.N. Doc. CRC/C/15/Add.119 (2000); Convention on the Rights of the Child

Research Ethics Deliberations, guided by:

- International Ethical Guidelines for Biomedical Research Involving Human Subjects, Geneva, Switzerland: Council for International Organizations of Medical Sciences (CIOMS), 2002
- International Ethical Guidelines for Epidemiological Studies, Geneva, Switzerland: Council for International Organizations of Medical Sciences (CIOMS), 2009
- UNAIDS/WHO Ethical Considerations in biomedical HIV Prevention Trials – UNAIDS/WHO guidance document. Geneva, Switzerland: Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organization (WHO), 2007
- UNAIDS/AVAC. Good Participatory Practice Guidelines for Biomedical HIV Prevention Trials. Geneva, Switzerland: Joint United Nations Programme on HIV/AIDS (UNAIDS) and the AIDS Vaccine Advisory Council (AVAC), 2007
- WHO Handbook for Good Clinical Research Practice (GCP), Guidance for Implementation. Geneva, Switzerland, WHO, 2005.
- WHO Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies. Geneva, Switzerland, WHO, 2007
- World Medical Association. Declaration of Helsinki: Ethics Principles for Medical Research Involving Human Subjects, Helsinki, Finland, 1964 (Latest revised version, 2008)

Research Ethical Committee Operations are guided by Standards

“Standards and operational guidance for ethics review of health-related research with human participants”



Hot debates for research ethics review committees: Implementation Research

If a protocol for an intervention can be considered the “standard of care:” then studying its implementation in a new setting may be considered quality improvement rather than research:

- Protocol may not (or need not) be submitted to a Research Ethics Committee for review
- Need not be compared with an existing intervention in that hospital or unit or community setting
- Would not require informed consent – (for example, from patients who are being viewed through study and evaluation of medical records, from seriously ill patients or their representatives, from participants in Implementation Research studies which are evaluating providers or are scaling-up care.

Controversial Issues in Social Science Research

- Issue 1: The use of '*mystery clients*' for obtaining information or knowledge due to the element of deception involved.
  - This deception violates the normal ethical rules regarding informed consent.
- Issue 2: The assessment of interventions that may be *illegal* within the community.
  - The subsequent risk this poses to the participant, other individuals involved or the community.
- Issue 3: The *release of information* by a participant *that reflects illegal behaviour or activity*
  - The *necessity to report* to local legal authorities *must be addressed prior to participant participation*.

Is there a place for covert research?

• **No, not under any circumstances**	• **Yes, if the study has been reviewed and proper approval has been obtained then justifications for covert research studies may have been made:** – Research is of compelling importance – Safety concerns for participants and researchers have been addressed – Benefits for the individual participant – Avoiding social desirability bias

Outline

1.
2.
3.
4. **Addressing multi-culturalism**

The debate

- **The world contains a vast number of cultures with varying customs and traditions**
- **Multinational research is a global enterprise**
  - Sponsors include industry, industrialized country agencies, international organizations

Can universal ethical principles be applied to these culturally diverse settings?

Cultural Sensitivity

- A widely held view: Researchers and sponsors need to be "culturally sensitive"
- "The general duty of respect implies a duty to be sensitive to other cultures….The variety of beliefs and practices that exist may challenge the notions of overarching ethical principles. This in turn prompts an analysis of the relationship between the requirement of sensitivity to cultural differences and the concept of moral relativism"

Nuffield Council on Bioethics, The Ethics of Research Related to Healthcare in Developing Countries (London: Nuffield Council on Bioethics)

Types of ethical relativism

1. Descriptive ethical (cultural) relativism
2. Normative ethical relativism
3. Meta-ethical relativism
4. Epistemological relativism
5. Contextual relativism
6. Risk-benefit relativism

1. Descriptive relativism

- **Cultural-ethical relativism**
  - Customs, traditions, moral beliefs, acceptable modes of conduct, and moral codes vary greatly throughout the world
  - Cultural norms and traditions are the prime source for the moral views of individuals
  - Each society has its own view of what is morally right and wrong, and these views vary from society to society
    - "What is *believed* to be right in one society is *believed* to be wrong in another"

2. Normative ethical relativism

- **What is right in one society may be wrong in another**
  - Intended as a normative claim: "What *actually is* right in one society *may actually be* wrong in another*"
- **Normative ethical relativism is the only position consistent with the facts of descriptive relativism**
- **There are no universally valid ethical principles**
- **It is wrong to criticize or seek to impose one culture's *ethical norms* on another**

**a moral judgment*

3. Meta-ethical relativism (1)

- **Conceptual relativism**
  - Moral concepts vary from culture to culture and therefore the moral judgments of one society are meaningless or unintelligible to another
    - A culture lacking the concept of human rights cannot understand the idea of individual freedom as a basic right
    - A culture lacking the concept of gender equality cannot understand the idea of women's rights

3. Meta-ethical relativism (2)

- **Methodological relativism**
  - Different cultures use different methods of reasoning to justify moral judgments
    - A culture that views ancient religious texts as the source of moral judgments cannot understand the use of modern secular reasoning to justify moral judgments (this is not a criticism)

4. Epistemological relativism

- **Some cultures maintain traditional beliefs about causes and potential cures of disease**
  - Ignorance or rejection of modern scientific explanations of etiology of diseases
  - Belief in spiritual cures or ritualistic healing practices
- **Is it possible to obtain genuinely informed consent to participate in biomedical research in those societies?**
  - If not, should research be excluded from being conducted in such places?

5. Contextual relativism

- **Need to distinguish between**
  - Specific rules or norms in moral codes of different societies, and
  - Ultimate moral principles
- **Actions or practices in one society may be ethically justified by the utilitarian principle**
  - *But* those same actions or practices may be ethically unjustifiable in another society by use of the same general principle

Clarifying concepts of ethical guidance

Confusion between 'absolutism' and 'universalism'

- 'Absolutism':
  Exception-less moral rules and guidance exist that are valid for all cultures at all times and places
  - However, moral rules are specific, and often have exceptions
- 'Universalism':
  Fundamental moral principles exist that are universally ***applicable***
  - Because moral principles are general, and require interpretation

Ethical imperialism

Attempts to impose "Western" ethical principles on "non-Western" cultures constitute ethical imperialism

- Therefore, researchers and sponsors should not attempt to impose the universal principle, "respect for autonomy" on non-Western cultures that do not recognize individual autonomy

Cultural relativism and research ethics

- **Can the principles of research ethics be universally applied?**
- **Respect for persons:**
  - Does the principle require that informed consent be obtained from each individual participant, even if a culture does not recognize or respect the autonomy of each individual?

Ethical imperialism & informed consent

- **"It is ethical imperialism at its worst to assume that the informed consent requirement, which does indeed serve one (only one) moral principle in the Western setting, is in itself such a universal ethical standard."**

  - Lisa H. Newton, Ethical imperialism and informed consent, *IRB: A Review of Human Subjects Research*, Vol. 12 (May-June 1990)

Ethical universalism & informed consent

- **“Appeals to cultural sensitivity are no substitute for careful moral analysis. We see no convincing arguments for a general policy of dispensing with, or substantially modifying, the researcher’s obligation to obtain first-person consent in biomedical research conducted in Africa.”**

Carel B. IJsselmuiden and Ruth R. Faden, Images in clinical medicine, *NEJM*, Vol. 326 (1992).

Ethical relativism and informed consent

- **Two situations defended by relativists that depart from accepted ethical standard for informed consent**
  - Perceived need to withhold key information from potential research participants
  - Cultural custom of requiring husbands to sign consent forms for research in which their wives are participants

6. Risk-benefit relativism

- **Research not ethically acceptable in one country may be ethically acceptable in another country based on different risk-benefit ratios.**
- **Examples:**
  - Vaccine research
  - Breast cancer research
  - Placebo-based research

Vaccine Research- Addressing risk-benefit during moral analysis

- **A vaccine with serious side effects has the potential for causing harm to healthy children**
- **The rate, of equally serious harm or even death from a disease that the vaccine is designed to prevent, may differ considerably in the two countries**
- **Therefore, research on the vaccine may be:**
  - ethically unacceptable in the country with a low disease prevalence
  - but ethically acceptable in the one with high prevalence

Breast cancer study in Vietnam

- **U.S. researcher said: "American standards would not be acceptable to Vietnamese physicians, political leaders in Vietnam, or the vast majority of Vietnamese patients"**
  - Patients do not participate in medical decision-making in Vietnam
  - It is necessary to withhold from potential participants any elements that would convey uncertainty, such as:
    - An explanation that proposed treatment is determined by randomization
    - The existence of alternative therapies

Birth defects study in China

- **Chinese researcher collaborating with CDC opposed the informed consent requirement:**
  - Obtaining informed consent is not done in medical practice, so it would arouse suspicion within a research context
    - Doctors normally do what is best for their patients without asking
  - Mentioning the placebo control is not possible because no one would enroll in the trial
    - Concept of RCT with placebo control is unheard of in China, and people would not accept “dummy pill”

Spousal permission

- **Some cultures maintain the custom of requiring husbands to sign consent forms for their wives to participate in research**
  - Requirement exists as well for medical treatment
- **Researchers in those countries typically accept the requirement**
  - Sometimes, informed consent forms will have a line for a husband's signature

WHO guidelines
Reproductive Health and Research/ Special Programme of HRP

Guidelines on Reproductive Health Research and Partners' Agreement

- A requirement of partner agreement or authorization for an individual to participate in research violates the autonomy of research subjects and their right to confidentiality. Therefore, as a matter of ethical principle, a requirement of partner agreement or authorization should not be permitted in studies supported by [this] Programme

WHO guidelines – impossible to achieve?

- **Because of existing cultural, religious, political or legal constraints, it is sometimes impossible to achieve the ethical ideal and exceptions to this general principle may have to be accepted….**
  - In rare circumstances, it may be necessary for researchers to conform to local custom and request partner agreement.

WHO guideline does include “exception” clauses:

- “An example would be the impossibility of recruiting any research subjects for a study in a particular country without partner agreement and the subsequent impossibility of gaining approval in that country for a new contraceptive drug or device.”
- “If failure to conduct the research would result in an inability of people in that country to receive the benefits of the drug or device, this consequence might be judged as sufficiently negative for the common good of the public to outweigh the usual prohibition against partner agreement for the individual participant.”

Relativists' defenses

- **Departures from widely accepted ethical standards are justified by the cultural context in the country or community where the research is carried out**
  - Cultural relativism
- **It would be impossible to conduct research without these deviations from "Western" requirements**
  - Pragmatic defense
- **Requiring adherence would result in a loss of contributions to medical science and lack of consequent benefits to the population in those countries or communities**
  - Appeal to justice

CIOMS - International Ethical Guidelines

- **No departure from the need to obtain individual informed consent from the woman only**
  - "Only the informed consent of the woman herself is required for her participation. In no case should the permission of a spouse or partner replace the requirement of individual informed consent. If women wish to consult with their husbands or partners or seek voluntarily to obtain their permission before deciding to enroll in research, that is not only ethically permissible but in some contexts highly desirable. A strict requirement of authorization of spouse or partner, however, violates the substantive principle of respect for persons."

CIOMS, Guideline 16, Commentary

Permission from a community leader

- **In many societies, permission must first be obtained from a community leader, tribal chief, or council of elders before researchers may enter and approach individuals**
  - This process is mistakenly referred to as "community consent." This is no different, in principle, from ***permission*** gained from a school principal or factory owner to enter the premises in order to conduct research
  - However, this is not "*consent to enroll participants*," it is *permission to enter the community, school or factory*."

Community permission

- "Where culture or custom requires that permission of a community representative be granted before researchers may approach potential research participants, researchers should be sensitive to such local requirements."
- "*However, in no case may permission from a community representative or council replace the requirement of a competent individual's voluntary informed consent*."

NBAC Recommendation 3.6

Substantive vs. procedural requirements

- ***Substantive*** **ethical requirements:**

  Those embodied in fundamental principles of bioethics:

  1.Respect for persons, 2.Beneficence, and 3.Justice.

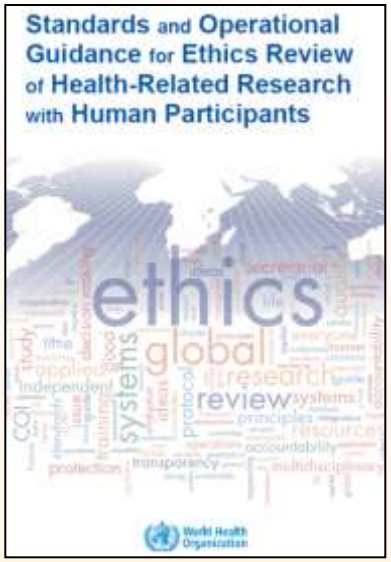
  These constitute ethical *standards/principles*, and should be applied universally:

  - Requirement to obtain informed consent individually from each adult participant
  - Need to disclose complete information about the research maneuvers to be performed and the expected risks of those interventions

Substantive vs. procedural requirements

***Procedural* ethical requirements**

- May vary according to cultural and other differences
  - Requirement for written documents in the consent process
  - Requirement that written informed consent documents be signed by participants
  - Composition of ethical review committees
  - Rules of Procedure of ethical review committees



Traditional belief systems can effect participant *understanding* of "research"

- **When research participants are unacquainted with the concepts and methods of modern science or biomedical research**
  - However, to preclude the possibility of performing research in these communities could deny members of such societies the eventual benefits of research, therefore researchers should seek creative ways of presenting information
    - For example, using analogies readily understood by the population
- **Major danger: such individuals may be completely unaware they are participants in research: Research that may not benefit them and may even harm them.**

Conclusion:

- Ethical considerations must include the key principles, and be between researcher and participant can only, and must be, regarded highly contextually.
- Outcome and decision-making, particularly in grey zones, will change dramatically over time and setting.