

# Good ethics is good research

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***Good ethics is good research. Means does not justify ends.***

- **What are the main principles of ensuring good ethics in a research?**
- **What are the instruments/forms?**

# Reference materials

- **Research Ethics Training Curriculum, Family Health International, 2004.**

<http://www.fhi.org/en/rh/training/trainmat/ethicscurr/index.htm>

E-mail: [ethics@fhi.org](mailto:ethics@fhi.org)

- **WHO Informed Consent Forms**

<http://www.gfmer.ch/SRH-Course-2010/course-files/InformedAssent.html>

<http://www.gfmer.ch/SRH-Course-2010/course-files/Informed-consent-sample-storage.html>

<http://www.gfmer.ch/SRH-Course-2010/course-files/InformedConsent-clinicalstudies.html>

<http://www.gfmer.ch/SRH-Course-2010/course-files/InformedConsent-qualitativestudies.html>

<http://www.gfmer.ch/SRH-Course-2010/course-files/ICFparentalConsent-clinical.html>

<http://www.gfmer.ch/SRH-Course-2010/course-files/ICFparentalConsent-qualitative.html>

- **Notes on Key Terms and Concepts**

<http://www.gfmer.ch/SRH-Course-2010/course-files/Background-handout-ethical-issues-research-Thapa-2008.html>

## Reference materials (cont'd)

# *International Ethical Guidelines for Epidemiological Studies*

Council of International Organizations of Medical  
Sciences (CIOMS) in collaboration with WHO

<http://www.cioms.ch/>

2009 edition

# **Ethics in Research: Context and Evolution**

**Ethical guidelines for research were "born in scandal and reared in protectionism."**

**-- Carol Levine, 1988**

**“Medicine's worst corruption had occurred among its best technicians.”**

**-- Leo Alexander, 1947**

# **Research Ethics Principles and Conventions**

# **Fundamental Issues of Ethics in Health Research**

- **Ethics in health research is grounded in moral principles – understanding of rights and responsibilities**
- **Ethics in medicine dates to Hippocrates (5<sup>th</sup> century BC): Do no harm**
- **Nuremberg Code (1947): Voluntary consent**

# **Declaration of Helsinki (1964)**

## **World Medical Association**

- **Distinguishes research that is “therapeutic” from research that is not of immediate benefit to subjects**
- **Highlights physician’s duties, not just patient rights**
- **Helsinki (2001): well-being of human subjects take precedence over interests of science and society**

<http://www.wma.net/en/30publications/10policies/b3/index.html>



# **Guidelines on Protection of Human Subjects (PHSC)**

- **Declaration of Helsinki, World Medical Association, 1964, updated 2001**
- **US National Commission for Protection of Human Subjects: Belmont Report, 1979**
- **Council for International Organization of Medical Sciences (CIOMS), 2002**
- **National guidelines, Institutional Review Boards (IRB) and oversight mechanisms**
- **WHO: Ethics Review Committee (ERC)**
- **Professional organizations**

# **Role of Institutional Review Board (IRB)**

- **Review ethics of research that involves human subjects**
- **Ensure that rights and welfare of participants are preserved**
- **Provide oversight of compliance with national, state and institutional regulations and procedures**

# **Fundamentals of Ethics in Research Involving Humans**

- **Respect for persons**
  - ✓ **Autonomy and self-determination**
  - ✓ **Privacy and confidentiality**
  - ✓ **Protection**
- **Beneficence and non-maleficence**
  - ✓ **Weigh benefits and risks, but do no harm**
- **Justice**
  - ✓ **Equitable distribution of burdens and benefits of research, inclusion and exclusion criteria**

# Elements of Study Information or Fact Sheet

- **Description of research procedures including: who, what, why, where, when**
- **Risks described**
- **Benefits described**
- **Alternatives to participation discussed**
- **Confidentiality explained**

***Information Sheet (IS) is often the only piece of document that the study participant will likely ever see. Need to make it a stand alone document. Need to ensure that elements / characteristics of what makes a good IS are included in it.***

# Elements of Informed Consent

- **Description of research including: who, what, why, where, when**
- **Risks described**
- **Benefits described**
- **Alternatives to participation discussed**
- **Confidentiality explained**

## **Elements of Informed Consent** (cont'd)

- **Compensation for injuries or health problems resulting from study discussed**
- **Contacts: whom to contact with questions and concerns about the research**
- **Explanation of voluntary participation and withdrawal**
- **Subjects receive copy of consent form**
- **Consent process explained in language the respondent understands**

# Informed Consent

- **Determination of whom to seek informed consent from (depends on the study design -- study population)**
- **Determination of consent for what specific activities (e.g., at admission, exit, follow up, or complications)**

# **Informed Consent Forms (ICFs)**

- 1. ICF Parental Consent for Clinical studies**
- 2. ICF – Parental Consent for Qualitative studies**
- 3. ICF – Sample Storage**
- 4. Informed Assent**
- 5. ICF for Clinical studies**
- 6. ICF for Qualitative studies**
- 7. Process of Securing Informed Consent**

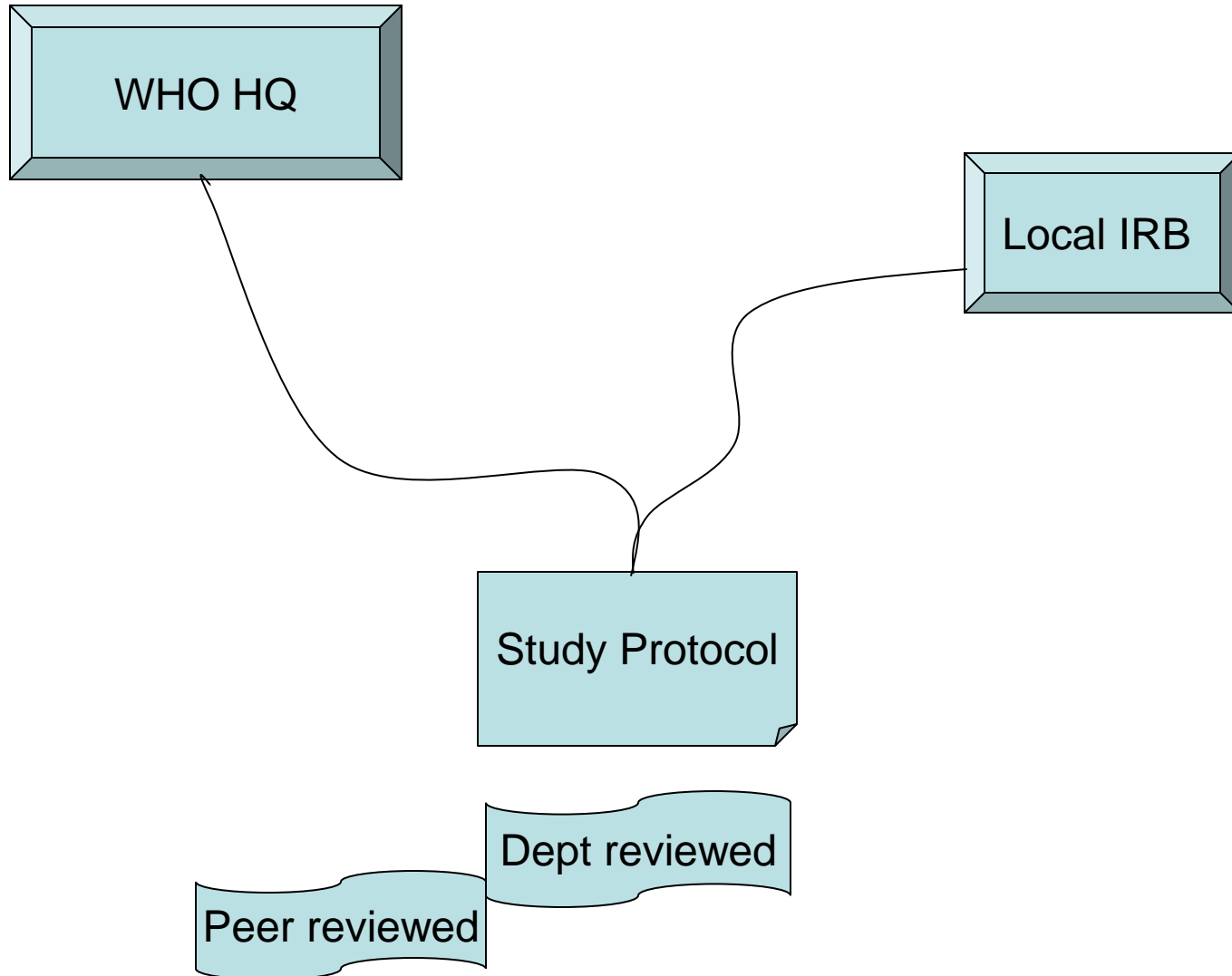


# Participation of Community

- **Standard informed consent process takes as given that individuals make their own decisions, but in some cultures, decision-making is collective. This is especially important for youth, women, and other vulnerable populations.**
- **Emerging practice to establish a community advisory board that consults with researchers about the informed consent process and the experiment itself**
- **Permission of community leaders enhances informed consent**
- **Role of community advisory group – early advice and later debriefing**
- **Contribution of local advocates, service providers, youth**
- **Participation in benefits – eventual access to effective intervention**

Source: Woodsong C, Karim QA. A model designed to enhance informed consent: experiences from the HIV prevention trials network. Am J Public Health [Internet]. 2005 Mar [cited 2010 Jun 18];95(3):412-419. Available from: <http://ajph.aphapublications.org/cgi/content/full/95/3/412>

# Protocol Submission to IRB



## **ERC Submission Review Outcome**

- 1. Exemption from ERC review** (*within 1 wk*)
- 2. Expedited Review** (*within 2 weeks*)
- 3. Committee Review** (*within 3 months*)

## **Exemption from review**

**The relevant activity is limited to public health surveillance or evaluation of health programmes carried out pursuant to statutory or regulatory authority.**

# **Outcome of Review and Reporting the Outcome of Review**

- 1. Approved as submitted**
- 2. Requires amendments and/or clarifications**
  - A. To be reviewed by the Chair**
  - B. To be reviewed by the primary reviewers**
  - C. To be reviewed by the Committee**
- 3. Disapproved**

# Takeaways

- **Protecting the rights and safety of human subjects is of utmost concern to researchers**
- **A host of international and national laws govern research, but many important decisions fall to the local IRB**
- **Issues concerning minors: Informed consent of adolescent minors for treatment and research involves a calculation of risks and benefits to adolescents and an assessment of their maturity**
- **Role of local IRBs – adapt and institutionalize good practices (e.g. determining research and non-research)**

# Assignment

- ✓ Review *Research Ethics Training Curriculum* and try to take online course on research ethics and get a certificate

[Family Health International, Research Ethics Training Curriculum.](#)

- ✓ Make yourself familiar with the WHO Informed Consent Forms
- ✓ Find out local IRB and make yourself familiar with their broad policies and procedures

*If any questions/comments, please email me.*

Thank you!