ARESA

ADVANCING RESEARCH ETHICS
TRAINING IN SOUTHERN AFRICA

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Prof Stuart Rennie, Bioethics Center, University of North Carolina, Chapel Hill, USA

Dear REC Members

It gives me great pleasure to announce that the ARESA trainees for the 2011/2012 Postgraduate Diploma in Health Research Ethics program have completed their course. Nine trainees graduated in December 2012 (three cum laude: Dr Blanche Pretorius, Adri Labuschagne and Dr Geremew Tsegaye) and three will graduate in March 2013.

Module 3 including the 1st Annual ARESA Research Ethics Seminar was held in August this year and it was a huge success. Approximately 120 delegates from South Africa and other African Countries attended and participated actively in vibrant discussion sessions. Due to the strong demand to attend this seminar and the very positive feedback, we will be accommodating 140 delegates next year.

Two important meetings were held on the African continent this year: The Global Summit of National Ethics Committees in Tunisia and the Expert Conference on the Revision of the Declaration of Helsinki in Cape Town, South Africa. We report on both meetings in this issue of the newsletter

With best wishes for a peaceful and joyous festive season.

Keymanthri Moodley and Stuart Rennie

Previous issues of the ARESA Newsletters are available at www.sun.ac.za/aresa

ARESA

ADVANCING RESEARCH ETHICS TRAINING IN SOUTHERN AFRICA

2013 ARESA TRAINEES

The ARESA Postgraduate Diploma in Health Research Ethics was advertised with Research Ethics Committees, academic institutions and other health institutions in South Africa and Southern Africa in 2012. Approximately 37 high quality applications were received and the ARESA Advisory Committee selected eleven ARESA trainees for the 2013 academic year. The Diploma programme consists of three modules and a short research assignment. For more information on the Diploma programme visit www.sun.ac.za/aresa.

See below a short biosketch on each of the 2013 ARESA trainees.

Mrs Nanette Briers is a senior lecturer in the Anatomy Department, University of Pretoria. She teaches clinical anatomy, radiological anatomy and research methodology to undergraduate and postgraduate students. Her research activities include supervision of Honours and MSc students and she serves as a reviewer for international journals. She is currently finalizing her PhD study on the morphological changes of facial characteristics of South African primary school children. She is actively involved in community training activities. She has been a member of the Student Ethics Research Committee for several years and has a special interest in the ethical issues surrounding the use of DNA, human remains and children in research.

Dr Ashley Ross is a Senior Lecturer and Head of Department in Homoeopathy at the Durban University of Technology. He has been teaching homoeopathic philosophy and materia medica for 16 years. In addition to teaching, he is in private practice and engages in clinical and research supervision. He is the Vice-chairperson of the DUT Research Ethics Committee, and has a particular research interest in homoeopathic pathogenetic trials. In 2011 he completed a PhD investigating the relationship of pathogenetic trial data to the scientific and traditional African understandings of medicinal plants. He has delivered lectures and seminars in South Africa, India and the UK, has presented research papers at a number of national and international congresses, and is a member of the International Advisory Board of the Complementary Therapies in Clinical Practice Journal. He is an active member of the International League of Homoeopathic Physicians (LMHI), a member of the National Board of the Homoeopathic Association of South Africa. He is the representative for Homoeopathy on the Allied Health Professions Council of South Africa (AHPCSA) and both Vice-Chairperson of the AHPCSA and Chairperson of its Education Committee.

Dr Tyson Welzel graduated from UCT in 2001. He has an interest in all aspects of Emergency Medicine, and has completed courses in Hyperbaric, Diving, Aviation and Expedition Medicine as well as Forensic Medicine, Legal Medicine and Disaster Medicine. For many years he served the dual function of Clinician and Clinical Manager at a District Hospital in Cape Town. He is currently a senior lecturer in the Division of Emergency Medicine at the University of Cape Town and co-

ordinator of the MPhil programme in Emergency Medicine. He serves on the research committee of the Division of Emergency Medicine of Stellenbosch University and the University of Cape Town, the research committee of the Department of Surgery, UCT and the Human Research Ethics Committee at the University of Stellenbosch.

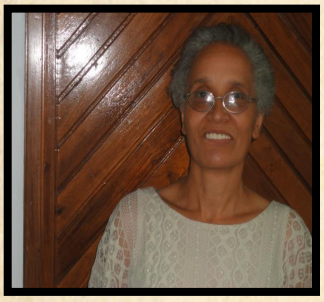
Dr Patrick Kamalo graduated with an MBBS degree from the University of Malawi – College of Medicine in 2000. In 2007 he joined the Department of Neurosurgery of the University of KwaZulu Natal (UKZN) in Durban, South Africa as a resident and in October 2010 he qualified as a Fellow of the College of Neurosurgeons of South Africa. He is working on his research for an MMed degree at UKZN. Patrick is currently employed as a lecturer at the University of Malawi – College of Medicine. In October 2011 he was nominated to represent the surgical disciplines in the College of Medicine Research and Ethics Committee (COMREC) where he reviews at least 3 new protocols a month. His exposure to research ethics has included a Summer School for Research Ethics in Oxford in July this year and a 2-day Research Ethics and Good Clinical Practice workshop in Nairobi Kenya. His goal is to contribute to the development of research ethics in Malawi.

Mrs Tumulano Sekoto is a nurse midwife and family nurse practitioner from Botswana. She worked for the Botswana government for 10 years before transitioning to primarily working in HIV/AIDS at Botswana Harvard AIDS Institute (BHP). She is currently working as a Regulatory Coordinator at BHP and assisting researchers to comply with local and international research guidelines. Her role includes training research staff in human research ethics and Good Clinical Practice (GCP).
She also works with the local IRB to ensure that researchers at BHP comply with local regulations. In addition to her nursing background, she holds a BA (Health Sciences and Social Services) and BA Hons (Psychology), both from University of South Africa (UNISA). She completed a Harvard clinical bioethics course in June 2012. She has enrolled in the ARESA Postgraduate course to enhance her knowledge in the ethical conduct of clinical research and to present research ethics training to others in Botswana.

Dr Christine Wasunna is a Senior Research Officer at the Centre for Clinical Research, Kenya Medical Research Institute (KEMRI) and a member of the Biotechnology Research Programme of the institute. Dr Wasunna is broadly interested in understanding the genetic and environmental contributions to variation in susceptibility to diseases. Since 2006 she has focused her attention on biomedical ethics, human subjects' protections, and has expertise in the ethical conduct of human investigations specializing in genetic studies of African populations. She is currently a member of MALARIAGEN's International Data Access Committee. She is the Secretary to the KEMRI Ethics Review Committee and Assistant Secretary to the Scientific Review Committee at KEMRI. She provides ongoing ethics consultation to researchers at KEMRI. As the head of the Ethics Review Committee (ERC) office she strives to build strong relationships between the researchers and the ERC through education and counsel. She promotes compliance with research regulations at KEMRI. She has broad administrative experience in research regulatory affairs including protocol review and post-approval activities, informed consent form development, regulatory compliance and clinical safety. She has been instrumental in the development of the current KEMRI ERC standard

operating procedures and the Kenyan clinical trials registry.

Dr Tusubira Evans is a medical scientist and holds the position of Drug Information Officer in charge of clinical trial regulation at the National Drug Authority in Uganda (NDA). He has an MSc in Molecular Biology and Biotechnology and has worked for Makerere and Kyambogo Universities as a tutorial assistant for two years before joining the regulatory body in 2007. He has been involved in reviewing, authorising and monitoring up to 356 clinical trials in Uganda. Tusubira is a member of the Paediatric medicines Regulators Network (PmRN) hosted by WHO, aiming at promoting appropriate conduct of paediatric clinical trials and a member of the Vaccines Committee of the Uganda National Academy of Science where he provides a decision making framework for vaccines and vaccine use promotion. Besides the above portfolio he coordinates GCP training for all staff involved in clinical trials and is responsible for the introduction of regulatory sciences courses in universities and he takes part in health research ethics training within IRB's in Uganda.



Dr Alwyn Mwinga is currently the Deputy Director for Programs in the Centers for Disease Control and Prevention (CDC) Zambia office and works as a Public Health professional focusing on HIV/AIDS programs. Prior to joining CDC in 2001 she worked as a clinician, lecturer and researcher based in the Department of Medicine, University of Zambia from 1992 – 2000 where she was responsible for coordinating several large clinical trials in TB/HIV. She has a keen interest in bioethics and served on the University of Zambia Research Ethics Committee from 2000 – 2011. She was one of the founder members of the Pan-African Bioethics Initiative (PABIN). She served as a member of the CIOMS Consultation for the revision of the 1993 CIOMS International Ethical Guidelines for Biomedical Research involving human subjects. She has also served as reviewer for several journals, reviewed proposals for funding to international organizations and as a member of several data safety monitoring committees.

Mrs Tanya Coetzee is currently working in the Faculty of Science at the Tshwane University of Technology. She has been involved in research administration for the past 19 years, first in the Directorate of Research & Innovation and now in the Faculty of Science. In her current position she is actively involved in all aspects of research support and higher degrees administration. The socio-economic development of South Africa is of great importance to her. Her undergraduate studies were in Political Sciences at the University of Pretoria and in Developmental Studies at UNISA. She has a particular interest in the following ethnological and developmental issues: vulnerable ethnic groups in poor and ill-resourced communities, and protecting the rights of women as individuals and the important roles they play in society. Ms Coetzee has been involved with the establishment of the Faculty Research Ethics Committee in the Faculty of Science.

Dr Liya Wassie Dubale has been working on TB immunology at the Armauer Hansen Research Institute (AHRI) since April 2005; engaged in different projects including VACSEL/VACSIS, SERO-TB and MUVAPRED, which mainly focuses on the identification of biomarkers in TB that have

potential application in the development of new TB vaccines and diagnostics. Currently she is a post-doctoral researcher studying innate immunity in latency to MTB infection in children and adolescents and working in the same institute. While working on these projects, she has gained some academic and technical skills on basic concepts in writing grant applications, basic concepts and practical skills on good laboratory practice (GLP) in handling of human blood specimens for in vitro and ex vivo lab experiments, writing standard operating procedures (SOPs) and data analyses and interpretation. She has also participated in a number of scientific workshops and meetings. She supervises MSc students and assists PhD students as needed in the lab, organizes short meetings, workshops and training activities. Currently, she serves as member secretary of the AHRI/ALERT Ethics Review Committee (AAERC) and member of the national ethics review committee of Ethiopia.

Professor Joyce Tsoka-Gwegweni is a member of the University of KwaZulu-Natal Biomedical Research Ethics Committee. She joined the Pan-African Bioethics Initiative (PABIN). She has an interest in research and communicable diseases such as HIV/AIDS, malaria, TB and neglected tropical diseases and their burden on disadvantaged populations such as pregnant women, children, rural women, refugees and the homeless. She is currently employed as an Associate Professor and Acting Head of Public Health Medicine at the Nelson R Mandela School of Medicine, College of Health Sciences, University of KwaZulu-Natal in Durban. She is also the School Academic Leader for Teaching and Learning. Previously she held the post of the Deputy Dean of the Medical School. Her previous roles include serving as a Content Advisor for the Portfolio Committee on Health in Parliament of South Africa, Cape Town; Manager for Research Management Division, Senior Scientist and Scientist at the Malaria Research Unit of the South African Medical Research Council (MRC). She has qualifications in the fields of Public Health and Health Sciences that include a PhD, two master's degrees and two honours degrees plus management and leadership qualifications.

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ARESA SHORT COURSES

Module 1 of the ARESA Postgraduate Diploma in Health Research Ethics will be held on 11- 22 February 2013 and serves as an introduction to health research ethics. The module is presented as part of the PG Dip but also as a short course. Similarly modules 2 and 3 will be offered as short courses. Some of the topics that will be discussed include:

Module 1: Week 1 (11 – 15 February 2013)

- historical perspectives on the ethics of biomedical & behavioural research
- ethical challenges in human subjects research
- international and domestic codes & guidelines
- operational challenges of research ethics committees
- participant vulnerability in research
- legal aspects of health research

Module 1: Week 2 (18 – 22 February 2013)

- the philosophical approach to ethics
- major ethical theories and principles
- african philosophy and research
- the ethics of recruitment
- confidentiality in research
- assessing risks and benefits in research

If you are interested in applying for these short courses please forward your curriculum vitae and a short motivation letter outlining your interest.

Please indicate if you would like to do week 1, week 2 or both weeks.

Cost:
R3500 per week

All short course applications must be submitted by 18 January 2013.

Contact: Kelsey February at kelseyf@sun.ac.za

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HIGHLIGHTS FROM THE 1ST ANNUAL ARESA RESEARCH ETHICS SEMINAR

30 & 31 August 2012

120 delegates attended this annual seminar from various South African institutions as well as from Uganda, Namibia, Lesotho, Zambia and Ethiopia. A wide range of stimulating talks was delivered by South African ethicists (Prof Anton Van Niekerk, Dr Theresa Rossouw, Dr Lyn Horn, Prof Anne Pope, Prof Keymanthri Moodley) and international ethicists. International speakers hailed from the University of North Carolina (Prof Eric Jeungst and Prof Stuart Rennie) and Oxford University (Dr Susan Bull). Prof Doug Wassenaar, Prof Ames Dhai, Prof Landon Myer, Dr Malcolm de Roubaix and Dr Jacquie Greenberg contributed to lively panel discussions along with some of the other speakers. On day 1 of the seminar both empirical research and conceptual analysis of biological sample use in research was presented. Session 2 focussed on genetics and genomics: the ethics of community engagement in genetic research, ethical review and governance of genomic resources. On day 2 HIV preventive research and research misconduct were discussed and debated. Prof Pope and Dr Horn serve as Research Integrity Officers at UCT and Stellenbosch University respectively and discussed institutionalising the Singapore statement.

In the interests of space only some of the presentations are summarised below:

Ownership of biological samples: A conceptual analysis

Prof Anton Van Niekerk

Summary by Dr Blanche Pretorius, ARESA Trainee 2012

In his introductory presentation Prof Van Niekerk unpacked what he referred to as a seemingly ludicrous question: who owns human tissue? This question has only become pertinent in light of the recognition of the economic value of human tissue. The law has never dealt with the ownership of human tissue. In similar vein, does the provision of tissue samples as a voluntary participant in research constitute a donation? A number of legal cases have drawn attention to the matter of ownership relating to human tissue:
Washington University v. Catalona (2006): The Court ruled that individuals who make an informed, voluntary decision to contribute their biological materials to a particular research institution for the purpose of medical research do not retain ownership of those materials. Individuals cannot direct or authorize the transfer of their materials to a third party and thus, pursuant to the informed consent forms, patients retained only the right to withdraw from the study and have their samples destroyed.
The controversy around *the Henrietta Lacks case* where the HeLa cell line (which originated from her biological samples) has generated significant financial gains from bio-medical research which her family have not benefited from.
Moore v Regents of UCLA: The Court concluded that Moore retained neither a possessory nor an ownership interest in his cells after they were removed.

The ownership of one's body cannot be equated to the "ownership" of one's spouse or children (if one can be seen to own family members), and dog amongst others. Referring to Veldman, four elements are necessary to establish ownership as follows:

i. Use - that is morally and legally sanctioned;
ii. Possession: - right to bodily integrity;

iii. Exclusion - the right to exclude access; and
iv. Disposition - the ability to dispose of property
– which, in the case of one's body, is severely curtailed both morally and legally.

Prof Van Niekerk added a fifth element namely, that of individual 'will' to maintain control over one's body.

The presentation concluded that the body is therefore not simply a thing among other things and thus not merely an object for commercial transactions or to be commodified. As human beings we possess certain rights in terms of what happens with our body parts. It is thus problematic that huge profits are made out of medical research especially as the original "owners" who donate body parts appear to "give up" ownership.

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Community Engagement In Genetic and Genomic Research: The (De)evolution of an Idea under Selective Pressure

Prof Eric T. Juengst

"Community engagement" has recently become an ethical watchword for population-based studies of human genetic and genomic variation. The theoretical aims of community engagement are to allow human groups who are the subjects of genetic variation research some meaningful control over the initiation and conduct of that research. In practice, however, this goal is rarely achievable, and in attempting to come to grips with this fact the research ethics and genomic research communities have steadily attenuated the concept, to the point of subordinating the principle of respect for community to the recruitment needs of scientific studies altogether. Despite early arguments in favour of robust principles of "respect for communities" and "group consent" most guidance now concurs that community engagement cannot actually secure the "consent" of a genetic population to be participants in research. First, both our practice of nesting local groups within larger social communities and the global diasporas of most human populations mean that no socially identified group with the culturally appropriate authority to do so can have the reach to speak for all those in a given genetic population who might become research subjects. Second, suggesting that any socially identified group could speak for such populations would reinforce (by tacitly endorsing) the view that there really is a biological justification for the social boundaries we draw around and between each other—a view population geneticists don't believe and expect to discredit. Whatever moral standing the human super-families of interest to population genomics may have, in the modern world it will only very rarely be the moral standing of sovereign nations.

In the wake of these concerns, some acknowledge that community engagement as it is practiced cannot even provide much representative input into identifying "population-specific risks," negotiating group benefit-sharing, or influencing the ways in which studies of that genetic population are designed. In fact, all that community engagement *can* do at the population level is to provide researchers with cultural insights and local publicity useful to recruiting individuals from these populations. While there is nothing objectionable about that aim, it is important to note that it addresses a scientific concern –the need to enrol subjects— that has little to do with the theoretical aim of enhancing the population's control over the ways in which its members are studied. If community engagement boils down to a recruitment strategy, it is a moral mistake to use it to reassure onlookers that "everything possible is being done" to improve group-level control over the research.

Some argue that although community consultations are meagre as tools to protect the interests of populations involved in genetic research, they are still an effort to "fumble towards inclusion," and that they are better than doing nothing at the community level. However, there is a cost that all forms of community engagement to genetic research carry, and it is that cost that urges us to consider the practice

critically: the exacerbation of racisms. By framing genetic variation against the taxonomy of real social groups and then reinterpreting the taxonomy in terms of the results, genomic research relocates the group's identity to the genetic level. Anthropologists have long pointed out that previous attempts to biologize social groups in order to undermine or legitimate social policies, "is the hallmark of racism" (Peterson, 1980, p.236.) Combating this kind of scientific racism has been the goal of heroic social policy efforts over the last century. We should not risk undercutting that progress simply to take some shortcuts in our efforts to understand the diversity of the human species, and we certainly should not ask social groups to help us do so at their own expense.

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GLOBAL SUMMIT OF NATIONAL ETHICS COMMITTEES 26-28 SEPTEMBER 2012

Dr Lizette Schoeman, REC member of the

Medical Research Council

Thabo Molebatsi, ARESA Trainee 2012

Background

The Global Summit of the National Ethics Committees (GSNEC) is a biennial world meeting which has been held since 1996. The GSNEC provides a unique platform for exchange of information about on-going work of the National Ethics Committees while it also offers the opportunity for open debate, focusing on specific issues such as the protection of human participants in health research, stem cell research, end of life choices, to name but a few.

The first meeting was held in San Francisco, California, United States at the invitation of the National Bioethics Advisory Committee of the United States and the French National Consultative Committee on Ethics. The follow-up meetings were held in Tokyo in November 1998, London (2000), Brasilia (2002), Canberra (2004), Beijing (2006), Paris (2008) and Singapore in July 2010.

9th Global Summit, Carthage, Tunisia

The 9th Global Summit was held in Carthage, Tunisia on 26-28 September 2012. This was the first time it was held in Africa. The Summit was organized by the Tunisian Ministry of Health and the Tunisian National Ethics Committee in collaboration with the World Health Organization (which serves as permanent secretariat for the Summit) while the Nuffield Council on Bioethics, UNESCO (United Nations Educational, Scientific and Cultural Organization), COHRED (Council on Health Research for Development) CIOMS (Council for International Organizations of Medical Sciences, the Council of Europe and the WMA (World Medical Association were represented at the summit. The summit was attended by members of the National Ethics Committees from the following WHO regions: Africa, the Americas, South-East Asia, Europe, Eastern Mediterranean and the Western Pacific Regions. From South Africa, both the National Health Research Ethics Council and the Ethics Committee of the MRC were represented.

The main themes for the Summit in 2012 were biobanking, organ, cell and tissue transplantation, infectious diseases and Research Ethics Committees. Discussion papers, prepared by four working groups were presented and then discussed.

The following section will aim to provide a summary of the points that were discussed, but cannot by any means claim to be a comprehensive report on the Summit.

Ethics of the Care and Control of Infectious diseases

The discussion on infectious diseases initially focussed on HIV and Malaria, but was extended to include global infectious diseases. Issues that were raised were the importance of government allocation of limited resources during a pandemic, the systems for prioritization of access

to medication and the importance of National Ethics Committees to work with the media to improve effective public health responses.

Biobanks

Several key areas regarding biobanking and research ethics were highlighted and emphasized. These included development of frameworks for biobanking which should include subsections such as sample collection, storage, usage, and capacity building. Informed consent should be modified to address specific conditions of biobanks, but the extent of this modification remains a contested issue. A number of methods of de-identifying biobank samples have been suggested as well as different withdrawal methods. Benefit sharing was also discussed – some mechanisms for benefit sharing with communities should be considered as a way of building public trust and reducing public fears.

Ethical issues of Organ, Tissue and Cell Transplantation

During the discussion on transplantation the following issues were highlighted. There was consensus that there is a clear need for organs, tissues and cells mainly due to advances in medical treatment and the increased incidence of disease as well as for research and development. The regulatory systems, locally, regionally and globally, had to come to an agreement on the key principles. Infrastructure should be established, acceptable forms of payment or compensation should be considered and there should be public awareness campaigns. The need for international governmental measures was also emphasised.

Research Ethics

The session on Research Ethics Committees (REC) focused on the registration, accreditation and monitoring of ethics committees in all countries and ways to introduce the concept of accountability in the work of the RECs. The risks involved in carrying out collaborative research in countries with weak or non-existent enforcement of laws as well as the challenges of multisite research was highlighted.

African Regional Network

The members of the different regions had a specific discussion session regarding the issues relating to that region. During this discussion session, an African National Ethics Committees Regional Network was established. The goal of this network will be to share matters relevant to the region and to establish ethics frameworks that will be applicable to the African countries

10th Global Summit of National Ethics Committees

Mexico was elected to host the 10th Global Summit in 2014.

Final Report

An official report of the 9th Global Summit will be drawn up by the WHO and circulated to all the National Ethics Committees.

Delegates who attended the 9th Global Summit

EXPERT CONFERENCE ON THE REVISION OF THE DECLARATION OF HELSINKI

5-7 December 2012
Cape Town, South Africa

Keymanthri Moodley

This "expert conference" was convened in Cape Town, South Africa by the World Medical Association and hosted by the South African Medical Association (SAMA). The meeting was opened by the President of SAMA, Zephne Van Der Spuy and the Department of Health was represented by the Director General of Health, Precious Matsotso.

Although the intention of the meeting was to gain an African perspective on the proposed revision, there was poor representation of African delegates at the meeting. There were 5 presentations from Africa: three from South Africa, one from Uganda and one from Malawi (presented by a South African speaker). In fact the meeting was dominated by North American and European speakers, delegates and perspectives. I am therefore reporting on the meeting in detail for the benefit of the NHREC, South African research ethicists and members of the 33 South African RECs who were not present and REC members of other African countries not represented at the meeting.

The President of the World Medical Association, Cecil Wilson, referred to the Declaration of Helsinki (DoH) as the "North Star" of research ethics, a somewhat controversial statement given the sea of other guidelines, regulations and legislation that exist in the 21st century.

There was a clear statement made that the Declaration is written by doctors for doctors and other research stakeholders are free to adopt it if they so wish. The WMA does not have a mandate over groups other than doctors.

Prof Urban Wiesing described the challenges and limitations associated with the proposed revision. The process began in October 2011 and 4 conferences were planned thereafter. The first was held in Rotterdam in June 2012 followed by the recent meeting in Cape Town. The next two meetings will be held in Tokyo (apparently, to obtain an Asian perspective) and Washington respectively in 2013. The first draft of the revised document will be available in April 2013 and will be available for public comment. The final decision on the revision would be made by the General Assembly of the WMA.

The Declaration of Helsinki is a document of ethical principles for research involving human beings. It started off as a short document (800 words long) and grew to a longer document by 2002 when the document was extended to 2047 words. It is distinct from other guidelines in that it is much older than other documents. He argued that the DoH is unique and should not be changed. The document should be readable in 15 minutes.

Keynote Address: Ezekiel Emmanuel, University of Pennsylvania:

8th Revision of the Declaration of Helsinki

Prof Emmanuel discussed 3 main issues in his address: the status of the Declaration currently, problems with the current 2008 version and he advanced several recommendations.

A. Status of the Declaration

Although the DoH was pre-eminent in 1964, in 2012 it is in a "crowded field". It must therefore distinguish itself from other guidance documents and justify why it should be followed in relation to other documents. The Declaration is short (35 paragraphs and 2047 words. It is a statement of broad principles that guides ethics in human subjects' research. It should not be detailed.

B. Problems with the Declaration

GENERAL

1. Has grown from 11 to 35 provisions.
2. Has never reflected a coherent view of ethics of research

3. Tends to be random
4. Lacks coherent structure
5. Past revisions have changed the document and then changed back to the original version
6. It should not need to be revised continuously

SPECIFIC:

1. Confuses patient care and research
2. Disorganized
3. Repetitive provisions
4. Contradictory provisions
5. Vacuous statements
6. Lacks ethical justification

1. Confusing - Introduction and articles 3,4,35 Research subjects are not patients and do not have the same ethical entitlements
2. Disorganised – no coherent framework – risks and benefits are covered in various paragraphs: 8, 18,20,21,24
Informed consent is covered in a number of different paragraphs– 22,24,25,26,27,28,29
Registration of trials is discussed in the midst of risks and benefits.
3. Repetitive – voluntary consent – 22, 24, 34
4. Contradictions – addressed to doctors as well as authors, editors, publishers and other health care professionals. Who is the audience?
Patient well being takes precedence in paragraph 6; in other articles – other interests- privacy, self determination, benefits to community are highlighted.
5. Vacuous provisions – "most interventions involve risks and benefits" – "duty of physicians" to protect life etc
6. Lack of ethical justification – there is extensive discussion of conflict of interest yet this is not prohibited neither is there a requirement that such conflicts be managed.

C. Recommendations

GENERAL

Careful and consistent wording of broad principles is necessary avoiding elaboration of details. Detailed specifications of requirements such as what should go into protocols, operations of RECs, who is and is not vulnerable should not be included. The revision must address everyone engaged in research – not just physicians and should apply to all who participate in research. A coherent framework is needed. An enduring document should be developed.

According to Emmanuel, the DoH should be revised as follows:

1. Begin with the necessity for and the purpose of medical research – 5.7
2. Emphasize the purpose of an ethical code for human subjects research – to protect subjects from exploitation and harm
3. Start with to whom the principles apply
4. Broad ethical principles will require interpretation and application will occur in individual countries. Relationship of DoH to in country laws is important.
5. Research must be influenced by science and conducted rigorously to produce valid and reliable data. Expand paragraph 12.
6. Research needs to enroll subjects fairly.
7. Need to assess likelihood and magnitude of risks and benefits in quantitative manner and how to weigh risks and benefits.
8. A protocol is required to describe the research.
9. Independent review by REC – state when expedited review is permissible.
10. Qualifications and obligations of researchers – should be no conflict of interest or if any it should be declared and managed.
11. Informed consent – mentally competent and incompetent, emergency research, human material and data
12. Specify researcher obligations – protecting subjects, data security and maintain confidentiality, inform research subjects of results

13. Compensation for research related injury
14. Regulation of research
15. Public dissemination of results
16. Post trial access to interventions

These were suggestions advanced by Prof Emmanuel. He did not include a discussion of standards of care or the use of placebo in his presentation.

SUMMARY OF OTHER DISCUSSIONS:

Vulnerability

- Clarify and strengthen existing language
- Build on current paragraphs
- Avoid lists of vulnerable groups as this may be discriminatory or stigmatizing. All pregnant women are not vulnerable.

Biobanks

- Clarify consent requirements
- Open consent versus wide consent with a right to withdraw
- Disclosure of incidental findings
- Perhaps a specific paragraph on the topic is not needed in DoH. A separate document could be developed to deal with biobanking.

Post research arrangements

- Continue to address the issue
- Use of the word "patient" may be inappropriate in prevention research where research "participants" are involved who are not necessarily patients.
- Importance of continuity of care from research to community setting
- Burden of providing access should be shared and agents responsible should be identified. Such agents would include researchers, sponsors and host country governments
- Benefits to host community should be fair and should not be restricted by responsive research alone
- Ruth Macklin raised a number of queries with respect to this paragraph: there are no clear obligations to provide benefits, what "other benefits" are referred to? Who is under obligation to share benefits? Who must ensure that this happens?

Research Ethics Committees

- Important role for DoH to present basic principles and minimum standards
- Balance general principles with details and specifics
- Clarify role of local REC compared to remote REC when sponsor is international

Enhancement

- Important and covered by relevant current articles
- Not necessary to include in proposed revision

Perspectives from different organizations

- Some organizations highlighted the DoH as a high level principle driven international standard
- There is a need to continue to strive to balance specific details with broad principles
- Important role of RECs in post-trial obligations and placebo use
- Post-trial arrangements should be transparent
- Any changes or additions to DoH should be made only if sound or if there is a compelling ethical rationale for doing so
- No consensus was reached on the best way forward

Round Table Discussions:

1. **Insurance /compensation**

   Paragraph 14 may not be strong enough. More definitive commitment to "fair compensation" is needed if a complication or serious adverse event occurs.

2. **Unproven intervention**

   Paragraph 35 is complex. It is necessary to draw a distinction between "unproven" interventions and "off label" use of interventions. Strengthen requirements to tie it to research and more clearly reflect the purpose of the paragraph. There were suggestions to move this to paragraph 4 or 5 of the current document. However it is currently placed under the 3rd major subheading in the DoH – namely – Additional Principles For Medical Research Combined With Medical Care - which is a section that relates to compassionate use of unproven therapy.

3. **Broad consent**

   Accept broad consent as acceptable only if continued interaction occurs with participants. Tiered consent may be preferable but would need to be explained (in a footnote perhaps).
   The need for the last sentence in article 25 was discussed. Re-use should be changed to future use. Export of samples should be included.

4. **Research on children**

   No consensus was reached on the need to include children separately. Concepts of assent/dissent were discussed

Conclusion

The current version of the Declaration of Helsinki has a number of internal contradictions, the wording is not perfect and public debate is necessary. The document should be better organized, have universal applicability and reflect basic ethical principles. The document needs to be discussed in the context of other existing guidance documents. The standard of care debate should not be ignored as it has been the greatest source of controversy in the Declaration. Many of these issues will presumably be discussed at the next meeting in Tokyo where hopefully the Asian consultation will be inclusive and representative of the Asian perspective.

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