



Ethics in Clinical Research

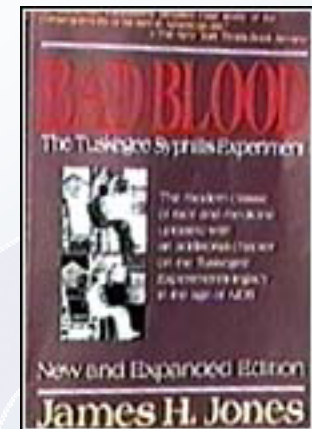
Zvi Ladin, Ph.D.

Historical Infamy

- Tuskegee syphilis study (1930s – 1972)
 - 399 black men signed with the US PHS for free medical service
 - Men were told they had 'bad blood'
 - Disease followed without treatment
 - Penicillin – available since 1947
 - Outcome:
 - 28 men had died of syphilis
 - 100 others were dead of related complications
 - At least 40 wives had been infected
 - 19 children had contracted the disease at birth
 - Presidential apology (Clinton) - 1997



(Courtesy National Archives)



(CNN)

Ethics = Right vs. Wrong

- **ethics** *The rules or standards governing the conduct of a person or the conduct of the members of a profession.*
- Guiding Principles
 - Ethical goals
 - Protection of rights of human subjects
 - Unbiased research
- Underlying regulations
 - Declaration of Helsinki
 - US Food, Drugs and Cosmetics Law
- Open issues



Moral Compass



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Guiding Principles – Research Goals

- Ethical Goals
 - Improving clinical outcome
 - Physiological processes
 - Pathological mechanisms
 - New treatment modalities
 - Better healthcare delivery
 - Risk of malevolent application
 - Clinician participation in the development of biological or chemical weapons – goal antithetical to the medical profession



Guiding Principles – Focus on the Patient

- Patient Consent
 - Understanding the patient's predicament
 - Relationship of trust
 - Full disclosure
 - Remuneration (clinician / patient)
 - Clinical alternatives
- Balancing potential future harm and benefit
 - Use of placebo
 - Even in the existence of accepted treatment
- Early termination of a clinical study



Guiding Principles – Unbiased Research

- Qualifications

- Clinical
- Research
- Ethics

- Payments

- Incremental costs of trial
 - To patient
 - To clinician
- Remuneration commensurate with effort
- Full disclosure



History of US Regulations

- 1947 – Nuremberg Code
- 1964 – Declaration of Helsinki
- June 16, 1966, NEJM – Henry Beecher, MD
 - Ethics and Clinical Research – 22 infamous examples
- 1960's – Patient consent added to FDC
- 1970's – IRB review of clinical protocols
 - 1972 – NIH established OPRR (Office for Protection from Research Risks)
 - Risks and benefits of research
- 1981 – FDA requires written patient consent

1998 OIG Report – Clinical Research's Shifting Environment

- Funding – from public to private
 - NIH → industry
- Nature – from single site to multi-center
 - Limited information to local IRB
- Size and numbers



1998 OIG Report – Revamping the IRB

- Overwhelmed Local IRB
 - Time and expertise limiting review
 - New ethical issues (e.g. genetic screening)
- Evaluating IRB Effectiveness
- Conflict of Interest Inside the IRB
 - Part of the organization that gains from research
- Limited Training of IRB Members and Researchers

Open Issues

- Clinician – Researcher and/or Physician
 - Separating consent from treatment
- International Studies
 - US IRB protocol approval (additional)
 - Consider local healthcare infrastructure
 - Patients' rights beyond study conclusion
- Data Safety Monitoring Boards
 - Adverse Events
 - Rate and severity
 - Relation to study
- Publication of Data from Unethical Studies



Quote of the Day

“An experiment is ethical or not at its inception; it does not become ethical *post hoc* – ends do not justify the means.”

Ethics and Clinical Research,
Henry K. Beecher, *NEJM* 274[24]:1354-1360



References

- Helsinki Declaration – <http://www.wma.net/e/policy/b3.htm>
- AMA Code of Ethics – www.ama-assn.org
- National Institutes of Health Ethics Program - <http://ethics.od.nih.gov/>
- Good Clinical Practice in FDA-Regulated Clinical Trials - <http://www.fda.gov/oc/gcp/default.htm>
- Protection of human subjects – 21 CFR Part 50
- Ethics and Clinical Research. Henry K. Beecher. *NEJM* 274[24]:1354-1360, 1966
- Equipoise and the ethics of clinical research. B Freedman. *NEJM* 317[3]:141-145, 1987

