WHAT MAKES CLINICAL RESEARCH ETHICAL?

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These views are mine and do not necessarily represent those of the Department of Bioethics, Clinical Center, National Institutes of Health, Public Health Service, or the Department of Health and Human Services.
Powell's Mission Impossible

How Medical Testing Has Turned Millions of Us Into...

HUMAN GUINEA PIGS
New Drugs Stir Debate on Rules of Clinical Trials
By AMY HARMON, September 18, 2010

“Defenders of controlled trials say they are crucial in determining whether a drug really does extend life more than competing treatments. Without the hard proof the trials can provide, doctors are left to prescribe unsubstantiated hope — and an overstretched health care system is left to pay for it. …

“… critics … argue that the new science behind the drugs has eclipsed the old rules and ethics - of testing them…in some cases, drugs under development… may be so much more effective than their predecessors that putting half the potential beneficiaries into a control group, and delaying access to the drug to thousands of other patients, causes needless suffering.”
Ethics of clinical research

- The goal of clinical research is to generate useful knowledge about human health and illness

- Benefit to participants is *not* the purpose of research (although it does occur)

- People are the *means* to developing useful knowledge; and are thus at risk of exploitation
Ethics of clinical research

- Benefits to society and future patients
- Protect rights and welfare of research participants
Clinical research is different from clinical practice in ethically important ways

Different Goals
Different Methods
Different justification for risk to individuals
Ethics of Clinical Research

- Ethical guidance and practices aim to:
  - minimize possible exploitation
  - ensure that the rights and welfare of subjects are respected while they contribute to the generation of knowledge
  - promote progress in understanding and intervening in human health and illness
  - acquire and maintain public trust.
Ethics of Clinical Research: Lessons From History

- Few rules. Physicians experimenting to benefit individuals
- “Utilitarian era” emphasis on benefit to society, inclusion of vulnerable groups
- Examination of the scope and limitations
- Rules and Regulations. Protection of human subjects
- Participation in research as a benefit
Louis Pasteur and Joseph Meister

Joseph severely bitten by rabid dog. Brought to Pasteur in hopes of preventing the disease.

Pasteur - not a medical doctor and had never successfully used the vaccine on a human.

Pasteur thought the boy would die from rabies

Joseph did not get rabies and Pasteur was hailed as a hero
Ignaz Semmelweis

First noticed a difference in the rates of puerperal fever and death between 2 clinics.

By careful examination of variables and data collection, concluded that the difference was the type of practitioner (obstetricians versus midwives) (1841-1846)

Later, he showed that using chlorinated lime to sterilize obstetricians’ hands significantly reduced the rate of puerperal fever. (1847)
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Utilitarian: Research with vulnerable populations

“ETHICALLY IMPOSSIBLE”
STD Research in Guatemala from 1946 to 1948

Acres of SKIN
Human Experiments at Holmesburg Prison
A true story of abuse and exploitation in the name of medical science
Salk polio vaccine trials

1954

- Almost 2 million children in the US
- Salk inactivated polio vaccine vs. placebo vs. no vaccine
- 80-90% effective against paralytic polio
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History

- Henry Beecher (NEJM 1966)

- 22 examples, including:
  - Withholding antibiotics from men with rheumatic fever,
  - Injecting live cancer cells into nursing home patients (Jewish Chronic Disease Hospital),
  - Transplanting melanoma from daughter to mother, who died about a year later.
Syphilis Victims in U.S. Study Went Untreated for 40 Years

By Jean Heller
The Associated Press

WASHINGTON, July 25—For 40 years the United States Public Health Service has conducted a study in which human beings with syphilis, who were induced to serve as guinea pigs, have gone without medical treatment for the disease and a few have died of its late effects, even though an effective therapy was eventually discovered.

The study was conducted to determine from autopsies what the disease does to the human body.

Officials of the health service who initiated the experiment have long since retired. Current officials, who say they have serious doubts about the morality of the study, also say that it is too late to treat the syphilis in any surviving participants.

Doctors in the service say they are now rendering whatever other medical services they can give to the survivors while the study of the disease's effects continues.

Dr. Merlin K. DuVal, Assistant Secretary of Health, Education and Welfare for Health and Scientific Affairs, expressed shock on learning of the study. He said that he was making an immediate investigation.

The experiment, called the Tuskegee Study, began in 1932 with about 600 black men,
National Research Act (1974) establishes the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research

Ethical principles underlying research:
  Respect for Persons
  Beneficence
  Justice
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U.S. Regulations and Guidelines

- The Common Rule (US 45CFR.46)
- 45CFR.46 Subparts B, C, D
- FDA regulations (US 21CFR50 and 56)
Codes and Guidelines

- Declaration of Helsinki (1964 - multiple revisions)
- The Belmont Report (1979)
- ICH/GCP-International Conference on Harmonization- Good Clinical Practice (1996)
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- *Participation in research as a benefit*
Influence of AIDS activism
Explicit recognition of benefit of research with children
WHAT MAKES CLINICAL RESEARCH ETHICAL?
Guidance and regulations

- Guidance developed in response to historical events
- Some divergent recommendations
- Differences in interpretation
- Need for a systematic, coherent, universally applicable framework
Ethical framework: 8 principles

- Collaborative partnership
- Valuable scientific question
- Valid scientific methodology
- Fair subject selection
- Favorable risk-benefit
- Independent review
- Informed consent
- Respect for enrolled subjects

Collaborative Partnership

- Ethical clinical research should be a collaborative partnership with the relevant partners, e.g.
  - Collaboration in planning, conducting and overseeing research, and integrating research results into the health system
  - Respect for contributions of partners
  - Collaboration with existing systems of health care
Collaborative Partnership

- Collaborative partnership can be facilitated by planning and working with:
  - Policy makers and health systems
  - Community advisory boards
  - Patient advocates on scientific advisory boards
  - Advocates for research funding
  - Collaborating investigators
  - Practicing clinicians
  - Etc.
Collaborative partnership

- NIH Council of Councils
- NIH Council of Public Representatives
- CABs
- Advocacy groups
- Patient Advisory Group
Ethical clinical research should answer a valuable question, i.e., one that will generate new knowledge or understanding about human health or illness, i.e. a socially, clinically, or scientifically useful question.
Valuable Scientific Question

- Valuable to whom?
  - Participants
  - Community in which participants live?
  - Some other group
  - Society, future people etc?

- In whose view?

- How is value to be judged?
Phase 3 trial of RV144 prime-boost combination HIV vaccine in Thailand

- Some disagreement about whether there was sufficient scientific value and confidence in the vaccine product, strategy, design to warrant moving forward? (Science; 2004, 303 Feb- July)

- Some disagreement about the ‘value’ of the results (Oct 2009)
Ethical clinical research should be designed in a methodologically rigorous manner (design, methods, statistical power and methods, etc.) that will yield valid, reliable, generalizable, and interpretable data, and that is feasible.
Scientific validity example

- Choice of endpoints
  - e.g. ischemic or hemolytic stroke
- Choice of design
  - Randomized double blinded control
  - Noninferiority or superiority
- Choice of procedures
  - Measures of outcome, length of follow-up
- Statistical methods
  - Power, methods, level of significance
- Feasibility
Scientific objectives should guide inclusion criteria, recruitment strategies, and selection (not privilege or easy availability or vulnerability)

Minimize harms and fairly distribute harms and benefits

No exclusion without justification
Research as burden or benefit?

Research as ‘burden’
Subjects need protection

Research as ‘benefit’
Subjects need access
Is it preferable to test an early potentially risky therapy in healthy affected adults who can consent but have mild disease or in severely ill infants who are otherwise likely to die as infants?

Protecting vulnerable participants
Favorable risk-benefit

- Are risks to subjects necessary and minimized?
- Are risks justified by benefit to individual subjects and/or the importance of the knowledge to society?
- Are benefits maximized?

Non-maleficence and Beneficence
[I]nterests other than those of the subject may on some occasions be sufficient by themselves to justify the risks involved in the research, so long as the subjects’ rights have been protected.

The Belmont Report
Challenges

- Identifying risks - which ones count?
- Minimizing, limiting risks
- Direct vs. indirect benefits
Independent review

- To ensure ethical requirements have been fulfilled
- To check investigator biases and conflicts
- To assure the public that research is not exploiting individuals or groups
Criteria for IRB Review (45CFR.46.111 and 21CFR56.111)

- Risks ... are minimized.
- Risks are justified by anticipated benefits, if any, to the subjects or the importance of the knowledge to be gained
- Subjects will be selected and treated fairly
- Informed consent is adequate
Informed Consent

- Informed consent ensures that individuals have the opportunity to decide whether they want to participate in research or continue participation and whether it is compatible with their goals, values and interests.

Respect for persons
Informed consent

- Disclosure of information
- Understanding
- Voluntary decision making
- Authorization
Respect for enrolled subjects

- Ethical research requires continued respect for the rights and welfare of participants throughout research, including:
  - Protecting confidentiality
  - Monitoring welfare
  - Recognizing right to withdraw
  - Providing new information
  - Informing participants of findings
  - Planning for after the trial
Framework: What makes clinical research ethical?

- Collaborative partnership
- Valuable scientific question
- Valid scientific methodology
- Fair subject selection
- Favorable risk-benefit
- Independent review
- Informed consent
- Respect for enrolled subjects

- Systematic and sequential
- Necessary
  - Procedural requirements may be waived
- Universal
  - Adapted and implemented according to context
- Requires balancing, specification
Conflicts occur between the principles. e.g.,

- Enhancing scientific validity may increase risks.
- What seems necessary to respect enrolled subjects or obtain informed consent may compromise scientific validity.
Ethical framework: 8 principles

In order to apply the principles, reconcile conflicts and make informed judgments about ethical research, need:

- Educated and informed investigators and research teams
- Educated IRBs with diverse members including investigators, statisticians, ethicists, and lay people.
Changing Landscape

- Learning Health Care
- Research about usual care
- Quality improvement
- Comparative effectiveness research
- Research using clinical databases or clinical samples
- Genomic data and sharing