Framework for the Ethical Conduct of Clinical Research

Christine Grady, RN PhD
Chief, Department of Bioethics
NIH Clinical Center
Disclaimer

• The views expressed here are my own and do not represent the position or policies of the NIH, DHHS, or US government

• I have no conflicts of interest to declare
Ethics of Clinical Research

• Should we do research with human beings?

• If yes, how should we do it?
Should we do research with humans?

- Clinical research results in compelling societal health benefits—new therapies, diagnostic and preventive strategies, improvement in quality of life, and understanding of health and disease.

- Clinical research provides an evidence base for clinicians to safely and effectively treat, prevent, or diagnose diseases or promote health in their patients.
• NIH Funding Contributes Directly to Economies across the Country
  • With a 2018 budget of $37 billion, NIH is the largest single public funder of biomedical research in the world. Every state and almost every Congressional district has earned a share of this investment.\(^1\)
  • In FY 2017, NIH extramural funding generated an estimated $68.8 billion in economic output nationwide.\(^2\)
  • In FY 2009 alone, NIH funded 50,885 grants that directly supported 313,049 full- and part-time positions, according to a recent, in-depth analysis conducted by NIH staff.\(^3\)
  • Discoveries arising from NIH-funded research provide a foundation for the U.S. biomedical industry, which contributed $69 billion to our GDP\(^4\) and supported 7 million jobs.\(^5\)

• NIH Research Drives Economic Growth
  • NIH investments in research focused on a particular area stimulate increased private investment in the same area.\(^6\) A $1.00 increase in public basic research stimulates an additional $8.38 of industry R&D investment after 8 years. A $1.00 increase in public clinical research stimulates an additional $2.35 of industry R&D investment after 3 years.\(^7\)
  • The NIH’s Human Genome Project (HGP) has resulted in nearly $1 trillion of economic growth—a 178-fold return on investment—at a cost of only $2 per year for each U.S. resident.\(^8\)
  • NIH-funded basic research fuels the entry of new drugs into the market and provides a positive return to public investment of 43%, by some estimates.\(^9,10\)
  • NIH-supported research helped create the first cancer drug targeted at a family of molecules called kinases. This initial breakthrough launched a new wave of drug development, with drug companies creating dozens of other drugs targeting similar molecules to treat cancer and other diseases.\(^11\)

• Healthier Citizens Lead to a Healthier Economy
Other benefits of clinical research

NIH Funding Contributes Directly to Economies across the Country
• NIH is the largest single public funder of biomedical research in the world. Every state and almost every Congressional district has earned a share of this investment.¹
• In FY 2017, NIH extramural funding generated an estimated $68.8 billion in economic output nationwide.²
• In FY 2009 alone, NIH funded 50,885 grants that directly supported 313,049 full- and part-time positions, according to a recent, in-depth analysis conducted by NIH staff.³
• Discoveries arising from NIH-funded research provide a foundation for the U.S. biomedical industry, which contributed $69 billion to our GDP.⁴,⁵

NIH Research Drives Economic Growth
• A $1.00 increase in public basic research stimulates an additional $8.38 of industry R&D investment after 8 years. A $1.00 increase in public clinical research stimulates an additional $2.35 of industry R&D investment after 3 years.⁷
• The NIH’s Human Genome Project (HGP) has resulted in nearly $1 trillion of economic growth...
• NIH-funded basic research fuels the entry of new drugs into the market and provides a positive return to public investment of 43%, by some estimates.⁹,¹⁰

Healthier Citizens Lead to a Healthier Economy
• Research-related gains in average life expectancy for the period from 1970 to 2000 have an economic value estimated at $95 trillion, about $3.2 trillion per year.¹²

• https://www.nih.gov/about-nih/what-we-do/impact-nih-research/our-society
Why is clinical research ethically challenging?

• Primary goal is to generate useful knowledge about human health and illness, NOT to benefit participants (although participants do sometimes benefit)

• A small number of participants asked to accept risk and burden to learn how to benefit others.

• Participants are the means to developing useful knowledge; thus at risk of exploitation
Ethics of Clinical Research

Promote responsible and useful research to benefit society and future patients

Minimize harm and exploitation by protecting and respecting participants’ rights and welfare
Clinical research and clinical practice

- Different Goals
- Different Methods
- Different justification for risk to individuals
- Different levels of uncertainty
Different Obligations

Clinical Care
- Clinicians have an obligation to competently offer care and treatment in their patients’ best interests.

Clinical Research
- Researchers have an obligation to competently conduct research while respecting and protecting subjects’ rights and welfare.
Ethics of Clinical Research

- Ethical requirements and guidance:
  - Promote the responsible conduct of research while seeking progress in understanding and intervening in human health and illness
  - Minimize the possibility of exploitation and harm
  - Ensure that participants’ rights and welfare are respected and protected while they contribute to generating knowledge
  - Help to maintain public trust
Ethics of Clinical Research

- Historical Lessons
- Ethical Reasons
History of Ethics of Clinical Research: Five Eras

- Pre-Rules
- Utilitarian
- Scrutiny
- Rules and Regulations
- Research as a Benefit
Codes/guidelines/regulations

Selected codes and guidelines

• Nuremberg Code (1949)
• Declaration Of Helsinki (1964-2013)
• The Belmont Report (1979)
• ICH/GCP-International Conference on Harmonization-Good Clinical Practice

Selected regulations

• The Common Rule (US 45CFR.46)
• FDA regulations (US 21CFR50 and 56, and others)
• Institutional (e.g.) NIH policy and guidelines
• Laws and regulations from other jurisdictions
Confusion reigns…

CIOMS

BELMONT

Nuremberg

HELSINKI

ICH/GCP and FDA

Common Rule

45CFR46

OHRP
Guidance and regulations

- Most guidance in response to historical events
- Different regulations/guidance apply
- Some divergent recommendations or 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 with:
  – Policy makers and health systems
  – Community advisory boards and communities
  – Patient advocates on scientific advisory boards
  – Advocates for research funding
  – Collaborating investigators
  – Practicing clinicians
  – Participants
  – Etc.
Collaborative partnership
Valuable Scientific Question

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.
Social Value

- What is the value of answering the research question?
- How will value be judged?
- To whom will the knowledge be valuable? (who are the beneficiaries?)
  - Participants
  - Community in which participants live?
  - People with similar condition?
  - Society, future people etc?
  - Sponsors?
EDITORIAL

SUBSTANTIATING THE SOCIAL VALUE REQUIREMENT FOR RESEARCH: AN INTRODUCTION

For decades, ethical codes, guidelines and regulations for research involving humans have held that research must have social value in order to be ethical. The idea was present in the founding documents of modern research governance and has been widely promulgated ever since. For example, in 1947 the Nuremberg Code required that medical experiments on human beings must have the potential to yield fruitful results for the good of society. The 1964 Declaration of Helsinki stated that clinical research cannot be legitimately carried out unless the risks to participants are justified by the importance of the objective, and the most recent version from 2013 continues to include social value, even calling it the ethical justification of health-related research.

Despite its widespread recognition at the level of policy and guidance, social value remains relatively unexplored in the research ethics literature as a concept and an ethical requirement. Many fundamental questions have not been satisfactorily addressed. Consider, for example: Exactly what makes research socially valuable? How does the social value of research relate to its scientific value? Is social value a necessary ethical requirement for research—and, if so, why? When conducting research in low- and middle-income countries or with vulnerable populations, is social value for the study population necessary? Or is social value for the study population a universal requirement for research? To what extent does the social value of research studies (or programmes) depend on how their benefits are distributed within populations? Who should make judgments about the social value of research? And are these judgments only relevant before starting the research, or are
Valid Scientific Methodology

• 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
Research

• Science
• Ethics
Scientific validity: considerations

• Choice of endpoints
  – e.g. antibodies or infection or disease

• Choice of design
  – E.g. Randomized double blinded control; Noninferiority or superiority

• Choice of procedures
  – E.g. Measures of outcome, length of follow-up

• Statistical methods and data management
  – E.g. Power, sample size, methods, level of significance

• Feasibility
BINGO!
People who didn't have a stroke were more likely to drink soy latte on Tuesday than green tea daily or the occasional espresso!

AARGHHH! HELP ME BONFERRONI!

Everyone should drink lots of soy lattes!
Fair subject selection

• Scientific objectives should guide inclusion criteria, recruitment strategies, and selection (not privilege or easy availability or vulnerability)

• No exclusion without justification

• Fairly distribute harms and benefits

• Justice and Beneficence
Fairly distribute harms and benefits

Research as ‘burden’
Subjects need protection

Research as ‘benefit’
Subjects need access
Fair subject selection

• Protecting vulnerable groups

• Selecting the appropriate participants?
  – E.g. 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?
Protection of human subjects

• Ethical principles underlying the conduct of research:
  – Respect for persons
  – Beneficence
  – Justice

• Boundaries between Practice and Research

Favorable risk-benefit

• Are risks to subjects necessary and minimized?

• Are risks justified by benefit to individual participants and/or the importance of the knowledge to society?

• Are benefits enhanced?

Non-maleficence and Beneficence
Benefits and Risks in Research

[1]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 and benefits - which ones count?
• Minimizing, limiting risks
• Direct vs. indirect benefits
• Determining level of risk and prospect of benefit
Independent review

• To ensure regulatory and ethical requirements have been fulfilled

• To check investigator biases and conflicts

• To assure the public that research is not exploiting individuals or groups
Regulatory Criteria for IRB Review
(US 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
U.S. Oversight

- Office of Human Research Protections (OHRP)
  http://www.hhs.gov/ohrp
  - Federal Wide Assurance (FWA)

- Intramural Office of Human Subjects Research Protection (OHSRP) and Intramural Institutional Review Board
  https://irbo.nih.gov/confluence/display/IRBO/Home
Challenges in Independent review

• Volume

• Conflicts

• Varied interpretations (inconsistency)

• Single IRB review and reliance
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
Informed consent

- Information Disclosure
- Competence
- Comprehension
- Voluntariness

Meaningful Informed consent
Informed consent challenges

• The quality of informed consent
• Capacity to consent
• Approaches to informed consent
• Changing research methods (e.g. big data)
Respect for enrolled participants

- 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
Respect for participants challenges

• Providing information and results

• Post trial access to interventions
Ethical framework: 8 principles

Systematic and sequential

Necessary (procedural requirements may be waived)

Universal (adapted and implemented in context)

Require balancing, specification, judgement

Need informed investigators, IRB members, others
What makes clinical research ethical?

<table>
<thead>
<tr>
<th>Principle</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collaborative Partnership</td>
<td>Respectful partnerships with relevant communities and stakeholders</td>
</tr>
<tr>
<td>Social value</td>
<td>Clinically, scientifically, or socially valuable question</td>
</tr>
<tr>
<td>Scientific validity</td>
<td>Appropriate, rigorous, and feasible design, end points, methods</td>
</tr>
<tr>
<td>Fair subject selection</td>
<td>Scientifically appropriate, with attention to risk and vulnerability,</td>
</tr>
<tr>
<td>Risk-benefit</td>
<td>Risks minimized and justified by potential benefits to participants and/or to society</td>
</tr>
<tr>
<td>Independent review</td>
<td>Evaluate adherence to ethical guidelines and check conflicts</td>
</tr>
<tr>
<td>Informed consent</td>
<td>Informed and voluntary participation</td>
</tr>
<tr>
<td>Respect for enrolled subjects</td>
<td>Respect for participants’ rights and welfare</td>
</tr>
</tbody>
</table>
