Research in developing countries: the Nuffield report then and now

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Key issues in 2002 report

• Importance of countries setting own priorities for research
• Genuine consent from each participant
• Appropriate standard of care as comparator in research
• Effective systems for ethical review of research
• Clear agreement in advance about what happens once research is over
2004 workshop debating guidance

- Co-hosted with South African MRC in Cape Town
- 58 delegates from 28 countries
- Discussion of ethical issues raised by new and revised guidelines
- Obstacles to their effective implementation
Subsequent surveys

- Hyder & Wali (2006) *Informed consent and collaborative research: perspectives from the developing world*
- Newton & Appiah-Poku (2007) *The perspectives of researchers on obtaining informed consent in developing countries*
- Klitzman (2012) *US IRBs confronting research in the developing world*
Consent – what’s it for?!

• “The primary purpose of the consent process should be to inform and protect the participant ... ” – 2004 workshop

• Key corrective to inequality of researcher/sponsor and potential participants – in terms of knowledge & power

• True everywhere – exacerbated by other inequalities and by cultural difference
Consent – what’s it for?
(cont)

- Respecting the autonomy of potential participants – *partners* not subjects in research
- But what do we mean by ‘autonomy’?
- Key problem that “consent process is focused too much on the individual rather than the family and/or community” (Hyder & Wali)
Re-thinking autonomy

“People are not isolated individuals but ... embedded in a network of relationships. A key aspect of who we are is founded on our relationships with those whom we love and others who are important to us.” – Nuffield Council 2007
Implications for consent

• Need to move away from the naive idea that people make decisions in a vacuum –

• ... while still recognising that people can lack power and choices/ be unduly influenced/ be coerced

• Importance of consent process that captures this complexity – eg scope for community as well as individual consent
‘Informed’ consent?

- ‘Genuine’ or ‘valid’ consent, rather than ‘informed’ consent – information can never be complete
- “This incompleteness cannot be remedied by devising more elaborate consent forms” – 2004 workshop
- Consent as a process, not a one-off event – ‘sought’ not ‘taken’!
Reported experiences

• Developing country researchers “strongly believe” in the importance of consent – but call for greater flexibility in seeking and documenting it (Hyder & Wali)

• “Delegates commented that consent forms often appeared to be designed to protect researchers and their sponsors rather than participants” (2004 workshop)
Ways forward

• Adapt process to local context:
  – simple consent forms / separate out what info needs to be on form itself and what elsewhere
  – innovative ways of providing info: Q&A sessions, community meetings
  – written consent less important than proper monitoring and documentation
  – trust of participants is crucial
Regional initiatives

- Study initiated by Ministry of Health in Oman – scrutiny of consent forms for genetic research in Oman
- Four out of seven had less than half required items – none had clear information about risks/discomforts
- Recommendations regarding “enhanced awareness & education” of investigators regarding participants’ human rights
Regional initiatives (cont)

“The intrinsic value of the informed consent process is that it should encourage dialogue between researchers and potential participants. Such dialogue that enhances information sharing, should engender public trust in the research enterprise.” – Al-Riyami et al
Standards of care: issues

• Potentially beneficial research may be prevented by:
  – aiming for universal standard of care
  – unrealistic requirements over placebos?
  – requiring sponsors to meet costs of a universal standard of care

• Guidelines say local standard of care is acceptable in some situations
Standards of care: how relevant is the research?

• “What’s the rationale for going to another country? Are we taking advantage of a population? There has to be a good reason. The answer ‘because it’s easier to do research there’ is wrong, and you’re dead in the water” – US IRB responding to Klitzman (2012) survey
Standards of care: approaches

• Case by case assessment
• Discussion with stakeholders in planning stage, team work
• Guidance does not address provision of general care to all participants
• Longer term sustainability
After the research is over: issues

- Guidance emphasises importance of post-trial access – but rarely addresses *practicalities or responsibilities*
- Early discussion essential – but may be no clear mechanism
- Consequences of resource limitations
- Unrealistic to expect sponsors to provide post-trial interventions?
- Not always clear when research is complete
After the research is over: questions for RECs

“Is it OK if a researcher says ‘I just can’t give free treatment, we just don’t have the money. It’s just a three-year NIH grant’? We would then want to know, ‘What efforts have you made to push back on that and work for the best possible deal?’ The worst-case scenario is that the researchers don’t get to do the study” – US IRB responding to Klitzman 2012
After the research is over: approaches

• Wherever possible: ongoing access to beneficial treatment

• Wider/ more enduring benefits of research:
  – increased number of healthcare professionals
  – development of science/research expertise
  – improvement of health infrastructure
  – sustained improvement in healthcare services
Ethical review

- Crucial role of ethical review in both host & sponsor country
- Problems with:
  - multiple review resulting in confusion & delay
  - lack of support/funding for some RECs
- Need to find innovative ways of improving communication between RECs
Ethical review: regional initiatives

- Middle East Research Ethics Training Initiative (www.mereti.net)
  - Curriculum/materials for REC training workshops designed by participants in 12 month certificate course
  - Consensus on appropriate learning needs & learning styles
  - Example protocols relevant to Middle East
Ethical review: regional initiatives (cont)

- WHO EMRO initiatives – including regional workshops/translation of key international documents into Arabic (www.emro.who.int/entity/research/)

- ‘Strategic plans’ in individual countries: eg Iranian programme (national and regional RECs/National Code of Ethics/developing postgraduate courses in ethics)

- Reviews of law – eg academic analysis of clinical research law in Jordan
Common themes

- Partnership and trust
- Development of expertise
- Sustainability
- Most importantly, more nuanced understanding of ‘autonomy’
www.nuffieldbioethics.org