Double Standards

• When, if ever, should research that is considered unethical in developed countries be conducted in developing countries?

• In particular, should a placebo or no treatment arm be included in clinical trials when an effective treatment exists, even if it is not generally available where the research is to be conducted?

• No consensus on this issue
Documents

• National Bioethics Advisory Committee (USA): *Ethical and Policy Issues in International Research: Clinical Trials in Developing Countries* (2001)
Documents

• Nuffield Council on Bioethics (U.K.): *The Ethics of Research Related to Healthcare in Developing Countries* (2002);

• “The benefits, risks, burdens and effectiveness of a new method should be tested against those of the best current prophylactic, diagnostic and therapeutic methods. This does not exclude the use of placebo, or no treatment, in studies where no proven prophylactic, diagnostic and therapeutic method exists” (para. 29).
• Para. 29, Note of Clarification (2002): “The WMA hereby reaffirms its position that extreme care must be taken in making use of a placebo-controlled trial and that in general this methodology should only be used in the absence of existing proven therapy. However, a placebo-controlled trial may be ethically acceptable, even if proven therapy is available, under the following circumstances:
Declaration of Helsinki

- Where for compelling and scientifically sound methodological reasons its use is necessary to determine the efficacy or safety of a prophylactic, diagnostic or therapeutic method; or

- Where a prophylactic, diagnostic or therapeutic method is being investigated for a minor condition and the patients who receive placebo will not be subject to any additional risk of serious or irreversible harm.
Declaration of Helsinki

“All other provisions of the Declaration of Helsinki must be adhered to, especially the need for appropriate ethical and scientific review.”
European Group on Ethics in Science and New Technologies

• “…the fundamental ethical rules applied to clinical trials in industrialised countries are to be applicable everywhere. Even if some difficulties may arise in their implementation, a weakening of the standards would be in contradiction to the fundamental principles of human rights and dignity and their universal guarantee and protection.”

• Lack of consensus re placebo use.
National Bioethics Advisory Committee (USA)

• “Researchers and sponsors should design clinical trials that provide members of any control group with an established effective treatment, whether or not such treatment is available in the host country. Any study that would not provide the control group with an established effective treatment should include a justification for using an alternative design. Ethics review committees must assess the justification provided, including the risks to participants, and the overall ethical acceptability of the research design” (Recommendation 2.2).
Nuffield Council on Bioethics

• “The Working Party concludes that the appropriate standard of care to be provided to members of a control group in a research project can only be defined in consultation with those who work within the country in which the research is to be conducted. It must then be justified to the relevant research ethics committees. Wherever appropriate, participants in the control group should be offered a universal standard of care (the best current method of treatment available anywhere in the world) for a particular disease or condition for the disease being studied. Where it is inappropriate to offer such a standard, the minimum that should be offered is the best intervention currently available as part of the national public health system.”
• CIOMS provides arguments for and against the use of a comparator other than an established effective intervention in developing countries but does not decide the issue.
Conclusions

• These are complex issues that admit of no easy resolution.
• Consensus is difficult to achieve because of different perspectives and interests.
• These differences occur not only between industry/regulatory agencies and ethics guidelines developers but among the guideline developers themselves, some of whom are more principled and others more pragmatic.
• Developing countries are rightly concerned about exploitation.
The Way Forward

- Consensus building on points of disagreement (not an easy task because of different interests at stake)
- Exploration of relationship between ethics (what *should* be done or avoided) and law/regulations (what *must* be done or avoided)
- Consideration of whether the issue should be decided in terms of the way things are now (enormous inequalities between developed and developing countries) or the way they might be with some additional efforts (e.g., externally financed provision of best available treatments)
Revision of the Declaration of Helsinki

- Update – May 2007
Thank You !!

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