

# Ethics and research involving humans

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# Content

- Background to research ethics
- Who are your participants?
- Main concerns in ethics applications

# Why do we worry about research ethics?



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## The New York Times

### Syphilis Victims in U.S. Study Went Untreated for 40 Years

By JEAN HELLER  
The Associated Press

WASHINGTON, July 25—For the United States Public Health Service has conducted a study which human doctors in any surviving participants in any surviving they are now rendering what- ever 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,

World Medical Association  
Declaration of Helsinki  
Ethical Principles for Medical Research  
Involving Human Subjects  
October 2008

# An example

- Handouts on Willowbrook experiments
- Work in pairs – one person to explore ethical concerns with the study, the other reasons to justify the study.
- List four of each



# Participants vs. subjects

- Humans are **participants**
  - Even if single/few participants (e.g. client, colleagues)
  - Need to give consent for involvement
  - Some consider researcher a participant too?
- Formerly called subjects (*doesn't imply voluntariness*)

# Considerations

- Participants – potential for harm or distress (risk assessment) – *include researcher(s)*
- Consent (incl. right to withdraw) \*
- Confidentiality \*
- Ownership of data \*
- Design \*
- Integrity \*

# Consent

- Voluntary informed consent considered the norm
- Dual roles e.g., clinician/lecturer and researcher  
*(conflict of interests?)*
- Consent for research has higher threshold of information required than consent for clinical procedures
- Opt-in vs. opt-out?
- Requirement for documented consent

# Coercion

- Undue influence
- Payment?
- Extra learning opportunity?
- Deception?

# Confidentiality

- Confidential and anonymised data considered the norm
- Difference between anonymity and confidentiality?
- Data Protection Acts govern **storage** and use of data (*storage* esp. important)
- Protocol for disclosure (e.g. illegality? welfare concerns?)
- Debriefing procedure

# Right to withdraw

- At any time, for any or no reason
- Care if **guaranteed anonymity**
  - How can data be removed?
- (Perceived) **effect** on clinical service provision or progress on course?

# Protection of data

- Who **owns** data on students?
- What are the **limits** of use?
- Where will data be **stored**?
- **Who** will have access?

# Design

- *Unethical* to carry out poorly designed studies?
- Peer review BEFORE seeking ethics approval

# Integrity

- **Misconduct**, e.g. falsification of data
- Authorship

# Return to Willowbrook

- Any new thoughts on this research?

# Study One

- A lecturer wants to see if students from “access to science” courses perform as well as students from traditional A level or Adv Higher background.
- There are 20 students from an access background and 60 from “traditional” backgrounds.
- Use of entry qualifications, performance in exams, tutorial records
- Use of comparative statistical tests

# Study Two

- A tutor wants to evaluate moral distress in students
- Plans to carry out 20 face-to-face interviews about experiences when on EMS
- Thematic analysis of transcribed interviews

# Study Three

- The University wants to see whether students from a particular continent do as well as those from other continents on an e-learning course (mixed methods approach)
- There are seven students on the programme from this particular continent (500 from the rest of the world)
- Use of discussion posts, test results, and final survey responses.

# Study Four

- A recently completed clinical skills laboratory is not yet available to students.
- The director wants to see if students given access to the lab perform better in OSCEs than those without access.
- Half the current 4<sup>th</sup> year students will be given access (random selection) and half will not be given access.
- OSCE exam scores will be compared.

# In summary

- Empathy with participants
- Consent consent consent
- Good research  good outcomes

*Thank you, and happy ethical applications*