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New CIOMS ethical guidelines for health-related research involving humans

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What is CIOMS?

- Council of International Organizations of Medical Sciences
- An NGO: international, non-governmental, non-profit organization
- Consists of (biomedical) member organisations (a.o. WMA)
- Forum to consider and prepare advice on contentious issues in research ethics and safety of pharmaceuticals...
- ... for WHO, public health authorities, academia, pharmaceutical industry and others.
- Established 1949 by WHO and UNESCO

CIOMS research ethics guidelines

- Purpose: indicate how fundamental ethical principles and Declaration of Helsinki can be applied effectively in medical research world-wide in different:
  - cultures, religions, traditions, socioeconomic circumstances;
  - with special attention for low and middle income countries.

- Content: guidelines plus commentaries (!)

- **Address specific actors: researchers, sponsors, RECs, others**

- Collaboration with WHO (MoU)

This talk: some substantive (conceptual) changes

1 – Scientific and social value and respect for rights

2 – Research conducted in low-resource settings

3 – Equitable distribution of benefits and burdens in the selection of groups of participants

4 – Potential benefits and risks of research

5 – Choice of control in clinical trials

6 – Caring for participants' health needs

7 – Community engagement

8 – Collaborative partnership and capacity building

9 – Individual informed consent

10 – Modifications and waivers of informed consent

11 – Collection, storage and use of biological materials and related data

12 – Collection, storage and use of data in health-related research

13 – Reimbursement and compensation for research participants

14 – Treatment and compensation for research-related harms

15 – Research involving vulnerable persons

16 – Research involving individuals who are incapable of giving informed consent

17 – Research involving children and adolescents

18 – Women as research participants

19 – Pregnant women and lactating women as research participants

20 – Research in disasters and disease outbreaks

21 – Cluster randomized trials

22 – Use of online environment and digital tools

23 – Research ethics committees and review

24 – Public accountability

25 – Conflicts of interest

No substantive, yet major changes

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Technological changes

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1 Social value

The ethical justification for undertaking health-related research involving humans is its scientific and social value: the prospect of generating the knowledge and the means necessary to protect and promote people's health. Patients, health professionals, researchers, policy-makers, public health officials, pharmaceutical companies and others rely on the results of research for activities and decisions that impact individual and public health, welfare, and the use of limited resources. (…)

1 Social value (ctnd)

May be difficult to quantify, but generally grounded by 3 factors:

- Quality of the information to be produced
- Its relevance to significant health problems
- Its contribution to the creation or evaluation of interventions, policies, or practices that promote individual or public health

- Human rights > social value

2 Research conducted in low-resource settings

- Local social value: responsiveness and reasonable availability
- No longer LMIC oriented but resources oriented
- Focus guideline 2 post-trial access on population level
- Guideline 6 post-trial access on individual level

4 Risks and potential benefits

- To justify imposing any research risks on participants in health research, the research must have scientific and social value

- Potential individual benefits and risks of research must be evaluated in a two-step process.

Procedure level approach

4 Risks and potential benefits (cont'd)

- **STEP 1**: Potential individual benefits and risks of each individual research intervention or procedure in the study must be evaluated
  - Procedures/interventions potential/no potential benefit

- **STEP 2**: Aggregate risks and potential individual benefits of the entire study must be assessed and must be considered appropriate.

4 Risks and potential benefits (cont'd)

- Overall judgments may miss concerns raised by individual interventions
- Scrutiny of each intervention/procedure may remove duplicates
- Step 2 essential since numerous minimal risks may add up to overall significant level of risk

6 Caring for participants' health needs

Especially in the context of clinical trials, researchers and sponsors must make adequate provisions for addressing participants' health needs during research and, if necessary, for the transition of participants to care when the research is concluded.

When participants' health needs during and after research cannot be met by the local health infrastructure or the participant's pre-existing health insurance, the researcher and sponsor must make prior arrangements for adequate care for participants with local health authorities, members of the communities from which persons are drawn, or nongovernmental organizations such as health advocacy groups.

6 Caring for participants' health needs (cont'd)

At least researchers and sponsors must make plans for:

- how care will be adequately provided for the condition under study;
- how care will be provided during the research when researchers discover conditions other than those under study ("ancillary care");
- transitioning participants who continue to need care or preventive measures after the research to appropriate health services;
- providing continued access to study interventions that have demonstrated significant benefit; and
- consulting with other relevant stakeholders, if any, to determine everyone's responsibilities…

7 Community engagement

- Important to address increased need to engage communities from planning to implementation phase of research
- Engagement needs to be proactive and sustained
- Engagement must happen at earliest opportunity, at planning stage
- Expresses respect for participants and traditions/norms they share
- Valuable for research translation into outcomes of clinical relevance and meaningful for patients

15 Vulnerable persons and groups

- Past: children and incompetent individuals explicitly labelled as vulnerable.
- Group approach to vulnerability no longer appropriate (routine exclusion of certain groups from research, has exacerbated knowledge gaps)/overprotection
- Group approach could lead to underprotection because it does not address different ways in which people can be vulnerable (e.g. illiterate woman, low-resource setting, study on domestic violence)

15 Vulnerable persons and groups: toolkit

- Vulnerability implies special protections:
- Protection will depend on study, may involve:
  - Permission of family members/legally authorized representatives
  - Targeted at conditions that affect these groups
  - Promote voluntary decision making
  - No overexclusion
- For research interventions/procedures no potential to benefit:
  - No more than minimal risk
  - Subsidiarity: first in adults before children , unless data cannot be gathered without children (group relatedness) (guidelines 16/17)

15, 16, 17, 18, 19

- Characteristics that make it reasonable to assume that groups are vulnerable:
  - Capacity to consent > children and incompetents
  - Individuals in hierarchical relationships
  - Women not as such, but e.g. if domestic violence etc
  - Pregnant women: risks to fetus may require special protections

- If these conditions: research ethics committees must review the need for special protection of their rights and welfare, and include protections when necessary

Conclusion

- Almost all guidelines were newly drafted
- Response to at least major changes in research ethics:
  - Need for scientific social value
  - Low-resource settings
  - Patient engagement
  - Vulnerable populations

- New guidelines available from www.cioms.ch