Research Ethics Network in CEE | Newsletter #10

Dear Colleagues,

Welcome to the tenth edition of our Network Newsletter! This issue includes abstracts of papers delivered by the the Advanced Certificate Program alumni and fellows in the 2016 World Congress of Bioethics which took place this June in Edinburgh, Scotland.

A relatively large number of our alumni and fellows participated in this event covering a wide variety of topics in research ethics as well as dealing with broader issues of bioethics. Informed consent has been featuring in the list of topics chosen by our colleagues, with a particular emphasis on personal autonomy, authenticity, genomic and pediatric studies. The question of social value of research was discussed as well as such issues as ethics of care or non-voluntary health care interventions, to mention but a few. We hope that this issue of the Network Newletter will provide some hints about current interests of some of our network members and hopefully facilitate cooperation!

Sincerely,
Vilnius team

Autonomous acts and basic authenticity in human subject research: autonomous persons' considered opinions and choices
Kristi Louk

By now it is an unquestionable principle in human subject research that participation in research should be voluntary. It follows that the person should understand that it is participation in research being offered. In other words, individual autonomy of the possible research subject should be respected at all times.

Individual autonomy is mostly seen as self-determination, acting on one's own reasons. Two types of conditions are proposed to define the concept of autonomy. One is competency, covering rational thought and self-control, and the other authenticity, a reflection upon one's values and endorsing them. In my presentation I focus on autonomous acts and on the nature of and need for the authenticity condition in context of autonomous acts. Therefore, the prominent definition of autonomous acts "X acts intentionally, with understanding and without controlling influences" (Faden et al.) is examined, and the main arguments, especially against, the authenticity condition are analyzed.

Subsequently, the concept of autonomy as authenticity is scrutinized, and the distinction between basic and substantial authenticity is introduced.

It will be shown how requiring respect for possible participants' basic authenticity provides an additional safeguard to guarantee that the act of participating in research is indeed voluntary and the motivating desires are the subject's own.

Realizing the need for this additional requirement has implications for both the informed consent process and how the researchers' duty to inform should be viewed and carried out.

Towards an Appreciative Ethics of Care
Antonio Sandu; **Ana Frunza**

Research Problem: Ethics of care is a theoretical model centered on the interdependence of the actors involved in providing care. The ethics of care takes into account the fact that some communities or individuals are more vulnerable than others, thus requiring additional attention. This paper focuses on constructing a new ethical framework with regard to chronic care, starting from the Ethics of Care model and adding to it a constructionist dimension derived from the appreciative paradigm (Appreciative Inquiry).The appreciative vision proposes a paradigm shift in social change starting from the replacement of the problem-centered approach with one centered on the successful elements which can represent the premises for the creative transformation of the system. We will construct a framework of principles with regard to the Appreciative Ethics of Care. Conclusion: In our view, Appreciative Ethics of Care should be based on the value of cocreation and co-care in the care process. The process of care cannot be understood unilaterally as being paternalistic, but rather as an appreciative reconstruction, based on the elements of maximum value for everybody involved in the process of care. The moral agent, understood within the appreciative paradigm, builds his autonomy in the very care context. Being a model based on an assessment of strengths, any appreciative ethic is clearly an ethic of virtue.

Risk and benefits of pediatric phase I trials in oncology. A systematic review

Marcin Waligora, Bala M M, Koperny M, Jaeschke R R, Kargul A, Sliwka A, Mitus W J, Nowis D, Kimmelman J

Research Problem

Phase 1 clinical trials are associated with the high uncertainty. They remain, however, a critical first step in a drug development. Cancer is one of the major causes of death in pediatric populations. Since phase 1 pediatric trials involve populations that are unable to provide valid informed consent they are ethically contentious. Furthermore, there is uncertainty as to whether the risk/benefit balance in phase 1 studies should count as therapeutic. The aim of our review was to quantify the average risk/benefit balance for phase 1 cancer studies, measuring benefit by response rate and risk by Grade 3,4 or 5 drug related events.

Findings

We found 7061 records, which were screened independently by two researchers. Altogether 180 unique studies were included in extraction process: 68 involving targeted drugs, 27 combo drugs and 85 testing chemotherapy.

Methodology

PubMed and EMBASE were searched systematically from 2004 to 2015. We adapted the methods described in the Cochrane Handbook for Systematic Reviews of Interventions.

Originality

Our review contributes to the discussion about the direct benefit of phase 1 cancer trials.

Conclusion

The response rate (benefit) is 9.6%, the total number of deaths 0.8%. These results were calculated as the number of events divided by the total number of enrolled patients. Our systematic review provides data for more theoretical considerations, evidence based ethics and policy.

On non-voluntary hospitalization: a case study

Sandu A, **Ana Frunza**, Scripcaru C, Bulgaru - Iliescu D

Research Problem

This paper analyses the non-voluntary hospitalization of psychiatric patients which was not based on a court decision and/or a forensic report. The case study concerns a case in which the Romanian state was condemned by the ECHR for failing to follow the procedures agreed at a European level on non-voluntary hospitalization and because it did not obtain a credible form of informed consent from the patient. The case has revealed the limitations on the freedom of movement of persons and, at the same time, medical staff endangering the health of patients by prescribing a medication specific to a particularly aggressive disease that may have serious psychiatric side effects. The case can be considered as a limitation of freedom of conscience, as the alleged reason for using non-voluntary hospitalization on the part of the parents of the fullaged patient, was the patient's membership of a group – legally permissible in Romania, but widely disputed in terms of social, political and religious beliefs - the spiritual practice of yoga.

Methodology

We have undertaken a comparative analysis involving Kantian ethics, utilitarian ethics and the ethics of care approaches.

Conclusion

Our position is that non-voluntary hospitalization cannot be justified as a means of social control, except if an expert committee considers it a necessity, and a court decides irrevocably that hospitalization is necessary. We also propose that the pursuit, from the community perspective of the enforcement of non-voluntary hospitalization be made jointly by the probation services and the community psychiatry specialized staff.

A developing ethical review system in a middle-income country: low transparency of ethical review system and the work of Research Ethics Committees, and low and unequal stringency of review of different types of research in Montenegro
Tea Dakić, Miljanović O

Montenegro is a middle-income country with a developing ethical review system. That system, which is only ten years old, and centralized in the country's capital, consists of two Research Ethics Committees (RECs), one based at the Clinical Center of Montenegro and the other at the Institute for Public Health of Montenegro. There is absolutely no public data available about the latter REC, and all the investigator's requests for information have remained unanswered, while the former REC has limited on-line information, and demonstrates the ability to provide data and operative procedures only upon personal request.

Similarly, there are no public databases about the number of reviewed protocols or studies being conducted in this small Balkan country. Even more disturbing, the country lacks any kind of national legal framework to define and regulate biomedical research on human subjects, which presents a threat to human subjects' rights and safety.

Unequal stringency of different research types is another characteristic of Montenegrin system. For example, clinical drug trials are highly regulated, and under extra scrutiny from the Agency for Medicines and Medical Devices, whereas there are no research policies nor RECs for behavioural or social sciences research, thus they remain completely unregulated.

As there are currently no public studies on research ethics review in Montenegro, this paper is the first systematic investigation into the matter, and represents the first step towards increasing of transparency or ethical review, raising local awareness of the existence and work of RECs, and enhancing scrutiny of the ethical review system.

The challenges of informed consent in the new era of genomic research: survey of human subject research professionals in Serbia
Ana Krivokuca**,** Jelena Rakobradovic**, Brankovic-Magic M, Magic Z,** Sean Philpott-Jones

The complexity and diversity of genetic research in the new genomics era poses challenges for informed consent and return of results to research participants. An increasing number of research projects are taking place in developing countries and there is a pressing need to identify the unique ethical challenges arising in such contexts. The goal of this study was to explore the ethical challenges associated with genetic research in Serbia.

We explored three key areas – bio banking, return of incidental findings (IFs) and direct-to-consumer (DTC) testing in genetic research by surveying Serbian investigators involved in genetic research. A total of 85 genetic researchers from different clinical/research institutes in Serbia were surveyed. Issues identified by those investigators included the lack of regulations on informed consent requirements and largescale data sharing by biobanks. For example, 79.4% of survey respondents stated that institutions have no plan for the management of incidental findings and that the informed consent process did not discuss these findings. As for the DTC genetic testing, 80.3% of participants felt that informed consent is a necessity alongside adequate genetic counseling but 56.6% of participants reported lack of genetic counseling in their institutions.

Similarly, 44.7% of institutions had no policies how research results should be returned to study participants. To our knowledge, this study is first of its kind in Serbia. It helps us define important ethical issues in genetic research in a developing Balkan country and identifies important gaps in Serbia's regulatory system that should be addressed.

On understanding the Informed Consent process in medical care services
Ana Frunza, Sandu A

Research Problem
We aim to identify how Informed Consent (IC) is understood by professionals in the medical field, particularly in the medical care institutions of the North Eastern region of Romania. We are interested in identifying if the medical staff that applies IC as an ethical tool has knowledge – and are willing to apply such knowledge in their daily practice – of bioethical principles which are/should be the basis for adopting and implementing such a tool. We would like to explore whether or not IC is understood by medical staff as a means of respecting patients' autonomy, or acting as a protective measure for health care staff in the face of potential future medical negligence claims and/or claims from patients about treatment performed or not, and to the change in the patient's state of health after medical intervention.

Methodology
For the identification of meanings attributed to IC as an ethical tool by health professionals in medical research institutions, we will develop individual interviews and analyse the subsequent data using a Grounded Theory (GT) qualitative approach. The research doesn't aim to validate a hypothesis, but to identify the meaning given to ethical tools by the professionals who are using them.

Conclusion
The analysis is intended to generate the discursive frame of the research and the theoretical corpus, including models with the value of hypotheses, in order to generate further research into the ethical conformity of care practices, or the need for ethical training in the field.

Epidemiological research and ethics oversight. A qualitative review of guidelines

Jan Piasecki, **Marcin Waligora**, **Vilius Dranseika**

Research Problem

In many countries, international epidemiological research is subject to ethics review. According to some reports, ethics review can be burdensome and costly. Unified standards and procedures that would not compromise rights and interests of research participants should be devised. The aim of this qualitative review is to analyze the full spectrum of important aspects of ethics review in ethical guidelines for epidemiological research and public health practice.

Method

Authors systematically searched PubMed, Google Scholar and Google Search for ethical guidelines. Qualitative analysis (constant comparative method) was applied to categorize important aspects of the ethics review process.

Findings

Eight ethical guidelines for epidemiological research were retrieved. Five main categories that are relevant to the review of epidemiological research by IRBs/RECs were distinguished. Within the scope of main categories, fifty eight subcategories were analyzed.

Originality

The poster presents research answering two overlapping questions: (a) what should be the scope of ethical review and (b) how the role of IRBs/RECs is defined in existing guidelines

Conclusions

We discuss our findings in the light of major difficulties posed by ethics reviews that are identified and discussed in the literature. We suggest that discussions about unified EU regulations for review of epidemiological studies should focus on the following three areas: (1) defining the role of IRBs/RECs in participant protection; (2) defining the roles of central and local IRB/RECs; (3) determining the types of studies that require ethical approval.

Ethical values of broad Informed Consent. Individual vs institutional protection
Ana Frunza, Sandu A

Research problem
We aim to identify how ethics is applied to medical practice (as in medical research), namely how Informed Consent (IC) is used by medical care institutions in North Eastern Romania as an ethical tool. In an initial brief analysis of hospitalization forms from a public clinical recovery hospital, we noticed that the hospitalization forms included a number of informative paragraphs including the role of IC. With regard to the IC for therapeutic intervention, was included a request for agreement to participate as a human subject in further medical research. We are interested in whether or not a broad formulation of IC could be ethically used for allowing the conducting of studies and for further publication of the resulting data including when we are dealing with rare cases, or rare genetic mutations, etc.).

Methodology
We are in the process of content analysis as to whether or not the formulation of such paragraphs could involve any issues when it comes to applying such ethical tools. This will be particularly important in situations in which the patients who are being asked to sign such statements could potentially be participants in research programmes whose purpose, specifics, benefits or risks are not made known to them.

Conclusion
A broad formulation of IC forms can raise serious ethical concerns in terms of patients' rights.

What makes clinical research socially valuable?
Joanna Rozynska

Research Problem and Findings
It is often claimed that value of research for society plays a critical role in justifying the exposition of human subjects to research risks. Yet, international guidelines use various terminology to refer to what is called the social value of research. With the notable exception of papers by Freedman (1987), Karlawish (1999), Grady (2002), Casarett et al. (2002), Kimmelman (2009), Habets et al. (2014), Wertheimer (2015), the bioethics literature has little in-depth discussion on how the concept should be understood, assessed, and weighted against risks.

Methodology
This is a conceptual analysis, drawing on literature and regulatory sources (incl. draft of the revised version of the CIOMS Guidelines).

Originality
I will propose a new multidimensional model of social value in clinical research.

Conclusion
I will argue that, if social value is to be considered as a threshold requirement (in addition to scientific validity), it should be understood as a multidimensional concept involving four dimensions: (a) scientific value (novelty of knowledge to be gained and its power to stimulate further studies); (b) health value (severity and extent of a target health problem; nature and magnitude of a health improvement the tested intervention is expected to bring); (c) clinical value (likelihood of immediate clinical application of the tested intervention and of its broad accessibility for patients, in particular the subject population); and (d) community value (research potential to advance broader societal needs/goals of the host community). I will briefly discuss how the model could be used in ethical review process.

What type of respect is the respect for autonomy?
Ana Frunza

We aim to analyze the respect for persons in terms of the 4-fold distinction made by Hudson (1980), in terms of informed consent for medical research. A possible dilemma could arise in the decision that patients have to make in relation to their own interests and those of their families, when they are invited to participate in clinical trials. They could reject the invitation, arguing their unwillingness to be involved in another burdensome procedure which may bring no benefits.

The influence of their family could generate ethical concerns with regard to the patient's autonomy. The family may attempt to convince them to participate in the trial in terms of considering the wellbeing, not only of the patient, but also that of their family.

We are questioning the idea of directive respect, whether it could be considered as a form of categorical imperative - respecting the individual as an end and not only as a mean. Could the patient be an end, and should the researcher respect his/her choice of sacrificing himself for the family's future welfare? By analyzing all these respect types, in relation to IC, we noticed that even if the patient's rights are accepted and sustained by the professionals in terms of their practices, the practice in itself is reduced to the manifestation of one single type of respect: the institutional respect. In our context, the term institutional respect is defined by the social and ethical policies associated with respecting the person's autonomy.

Assent for Pediatric Research: What Information Should Be Disclosed?
Vilius Dranseika

According to international regulations as well as national regulations in a number of countries, children participating in biomedical research should be involved in decision-making concerning their research participation. There are, however, no detailed discussions in the literature on how precisely should the content of disclosure be determined.
In this presentation, I claim that the issue of the content of disclosure should be seen in the light of justifications of involving children in decision-making concerning their participation in research, such as children's rights, respect for a child's developing autonomy, and the best interests of the child.

Social work & bioethics. New model of ethics expertise
Ana Frunza, Sandu A

Currently, social intervention in Romania is insufficient ethically regulated, given that most social work service beneficiaries belong to vulnerable populations. The intervention itself is targeting a transformation of the beneficiary, in ways that can generate a strong emotional impact that may be potential harmful. We see the need to align social work practice, at least in terms of bioethical international regulations on human intervention. The nature of social intervention methodology can be considered as action-research and, as such, would benefit from specific regulations with regard to human subject research.

The ethical issue relates to a lack of a regulatory system for ethics expertise in social practice which takes into account the existing models relating to research on human subjects, but also the particularities of social work as a potential specific area of ethical regulation.

We discuss the possibility of developing ethical expertise within the social services, based on the constituent values accepted in the community of practitioners. The new model of ethics expertise could be similar to the one based on the bioethics principles.

We approach ethics expertise from the perspective of semiotics, through the deconstruction - (re)construction process of ethical values.

In the social sphere we see the implementation of ethics expertise in such a way as to take into account the ethical values accepted by individuals at the organizational level, by developing a new expertise model, analogous to professional supervision – the supervision of ethics - aimed at providing support to professional staff who face burdensome ethical tasks.

As always, we hope you enjoyed this update. You are encouraged to share information on your recent publications and any other accomplishments, as well as any other news that could be interesting and/or useful to Network members. One way to do this is via our Network Facebook Page.

You can access older newsletters here.

Please also send your news to Vilius Dranseika, *vilius.dranseika@fsf.vu.lt*