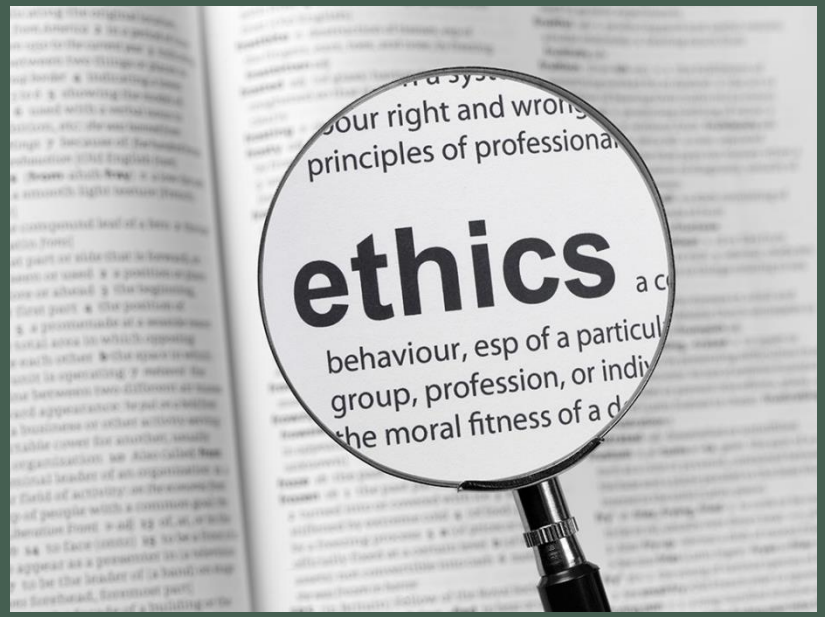
Ethics of Psychiatric Research



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Outline

- Mental disorders
- Unique ethical concerns
- History of Medical Ethics
- The Nuremberg code
- Principles of Biomedical ethics
- Ethics in Clinical practice
- Code of ethics for Psychiatric Research
- Placebo Controlled Trials
- Clinical equipoise
- Informed consent
- Decision Making Capacity
- The Assent
- Emerging foci in Psychiatric Research

Mental disorders

- Predominantly chronic conditions
- Cause considerable suffering. Disability & loss of human potential
- Development of medications in 1950s revolutionized
- Advances in brain imaging and genomics hold out great promise for developing scientific knowledge that could be translated to better treatments

Unique ethical concerns in research

- Psychiatric disorders can impair
  - Affect
  - Cognition
  - Volition
- Vulnerable with respect to their ability to make voluntary informed decisions about research participation
- But there is no evidence that psychiatric patients as a class are unable to give informed consent

The dilemma

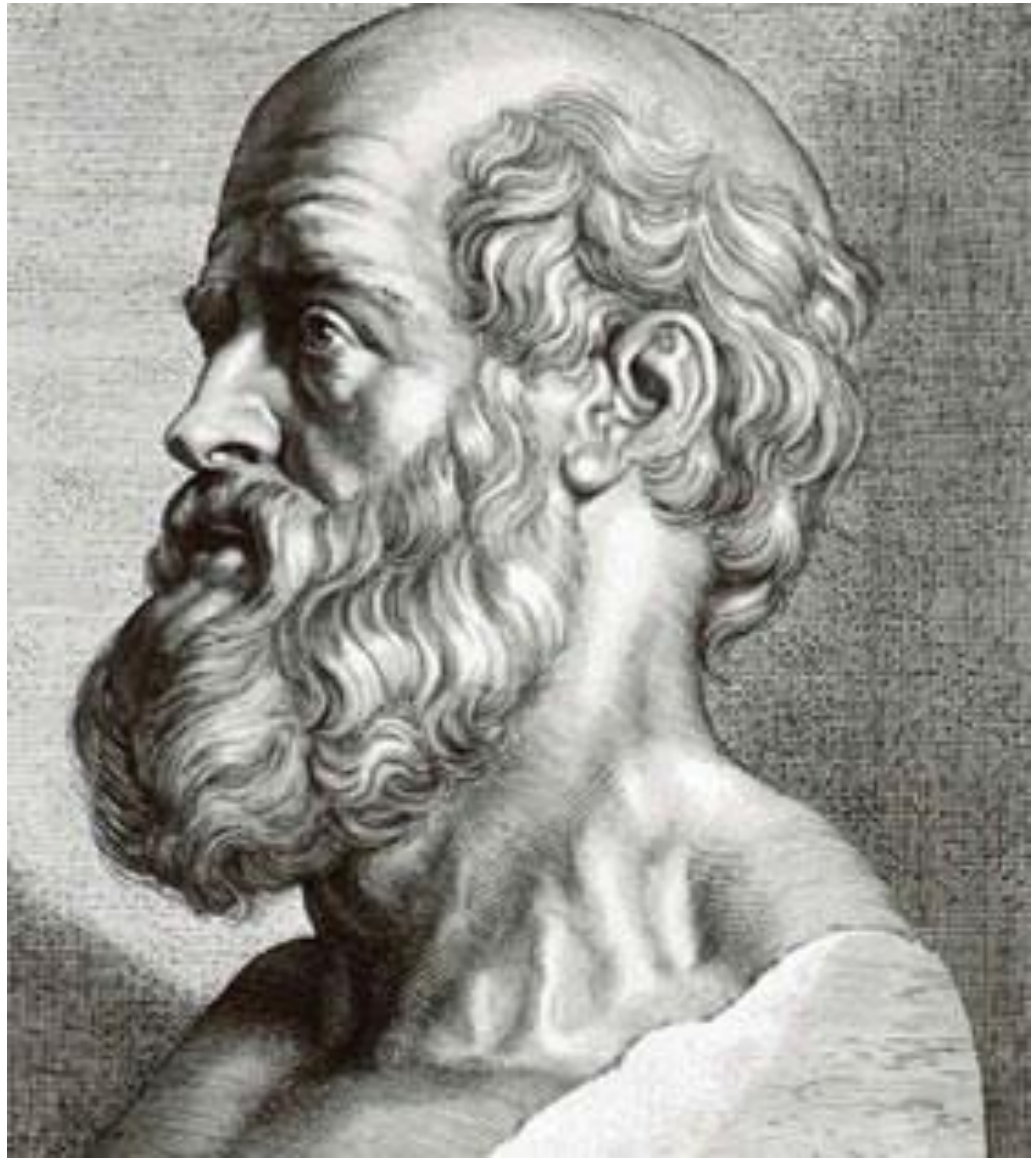
Tension between

- Promoting valuable and valid science
- The protection of human subjects in research


MEDICAL
ethics

History of Medical Ethics

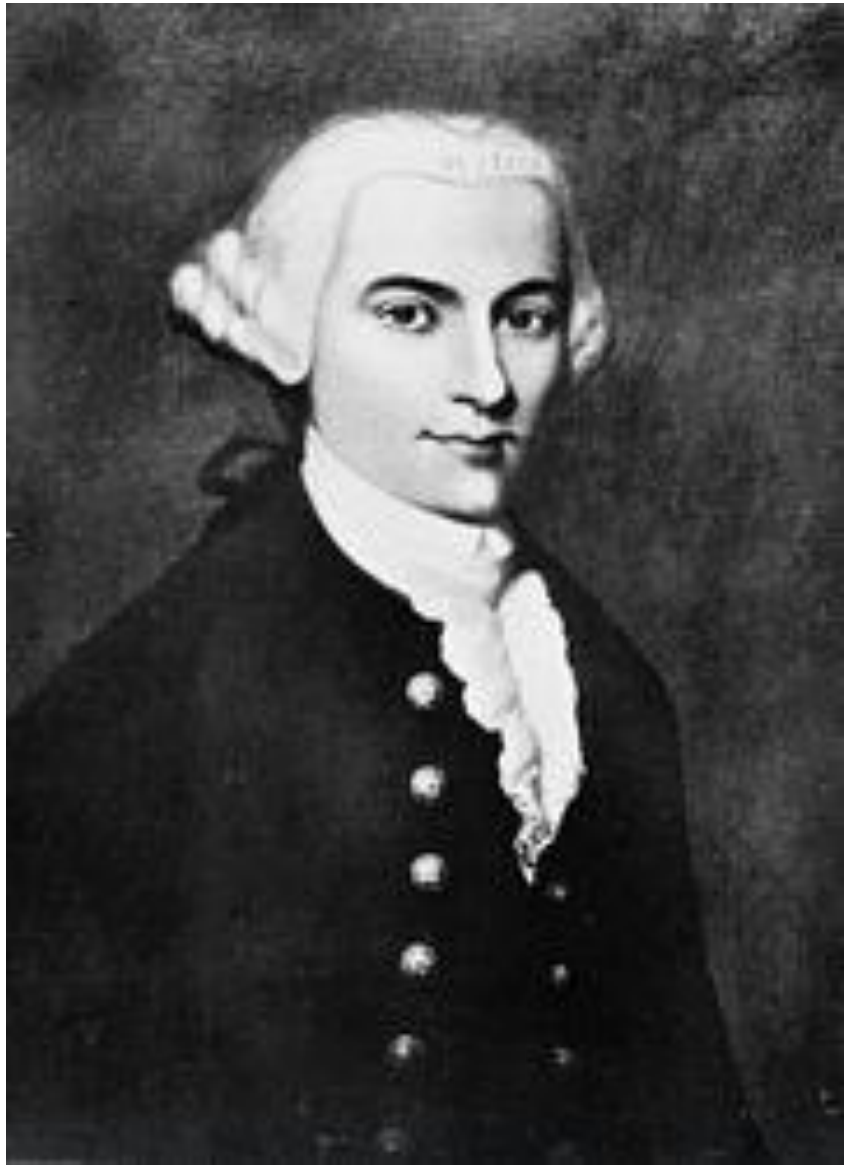
Historically, Western medical ethics may be traced to guidelines on the duty of physicians in antiquity Such as the Hippocratic Oath, and early Christian teachings



History of Medical Ethics

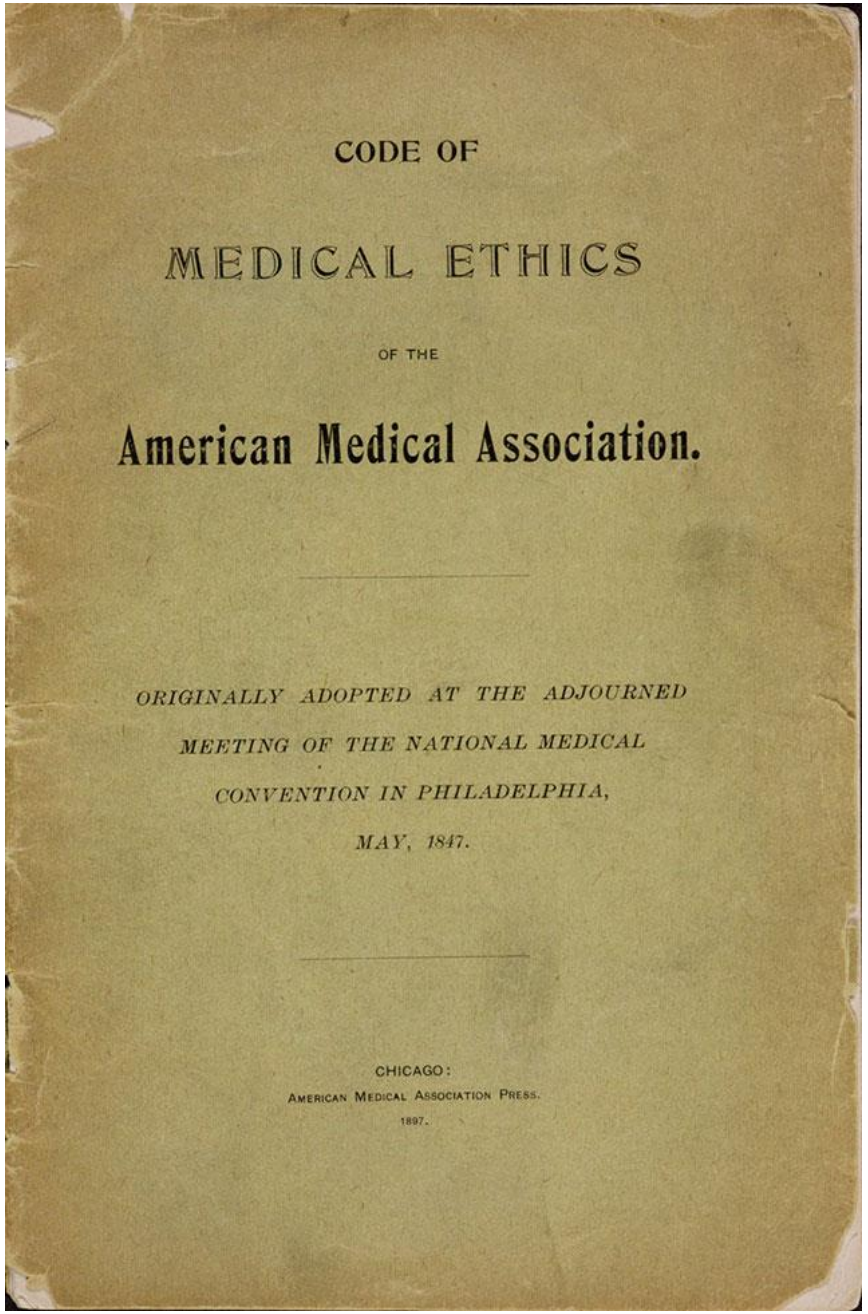
By the 18th and 19th centuries, medical ethics emerged as a more self-conscious discourse

In England, Thomas Percival, a physician and author, crafted the first modern code of medical ethics



History of Medical Ethics

In 1847, the American Medical Association adopted its first code of ethics, with this being based in large part upon Percival's work



History of Medical Ethics

The Nuremberg Code is a set of research ethics principles for human experimentation set as a result of the Subsequent Nuremberg Trials at the end of the Second World War

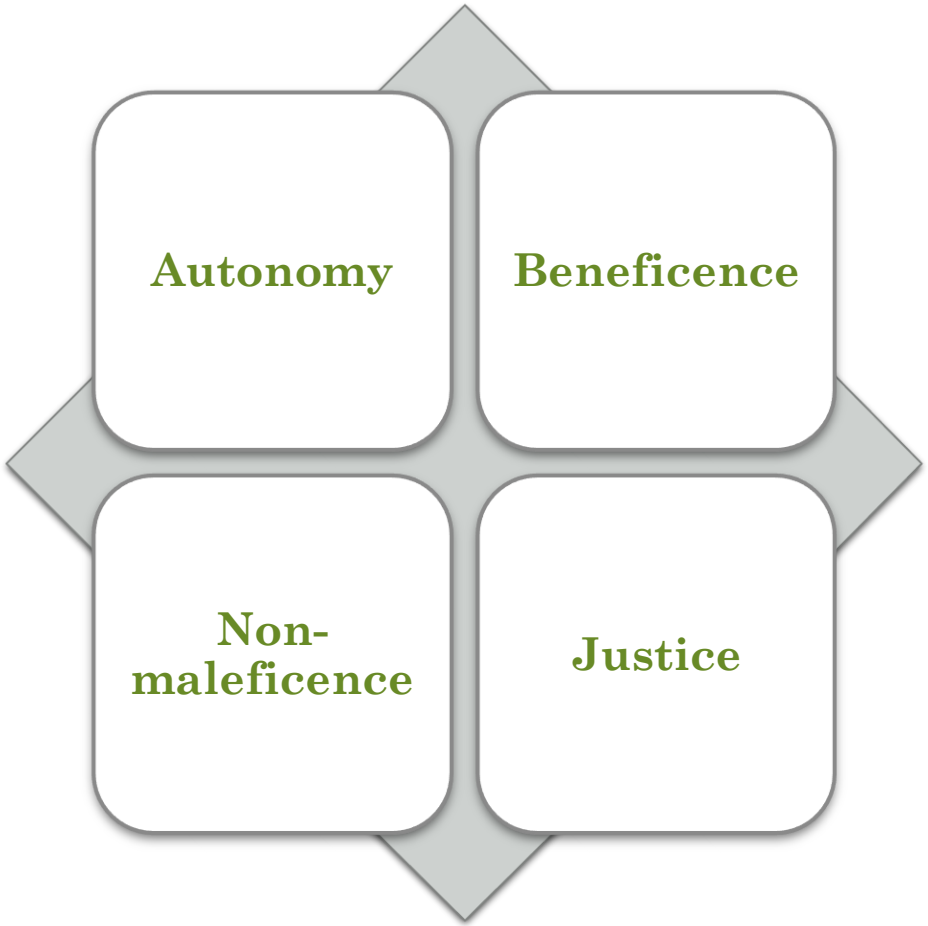
The Nuremberg Code

1. Required is the voluntary, well-informed, understanding consent of the human subject in a full legal capacity.
2. The experiment should aim at positive results for society that cannot be procured in some other way.
3. It should be based on previous knowledge (like, an expectation derived from animal experiments) that justifies the experiment.
4. The experiment should be set up in a way that avoids unnecessary physical and mental suffering and injuries.
5. It should not be conducted when there is any reason to believe that it implies a risk of death or disabling injury.

The Nuremberg Code

6. The risks of the experiment should be in proportion to (that is, not exceed) the expected humanitarian benefits.
7. Preparations and facilities must be provided that adequately protect the subjects against the experiment's risks.
8. The staff who conduct or take part in the experiment must be fully trained and scientifically qualified.
9. The human subjects must be free to immediately quit the experiment at any point when they feel physically or mentally unable to go on.
10. Likewise, the medical staff must stop the experiment at any point when they observe that continuation would be dangerous.

Traditional principles of biomedical ethics



Ethics of clinical practise

- Knowledge
  - The body of knowledge in psychiatry is less well established than other specialities
  - Therefor disagreements between experts are more likely
- Necessity
  - Psychopathology unlike physical pathology is a human phenomena
  - Provision for animal studies is less than other specialities

Ethics of clinical practise

- Benefit
  - Difficulties in empirical treatment in psychiatry
  - Lack of more objective evaluation methods
- Consent
  - Psychiatric patients more vulnerable to covert pressures to participate
  - Difficulties in decision making due to cognitive deficits

Ethics in Psychiatric Research

Codes of ethics more appropriate for psychiatric research

- Social value
- Scientific validity
- Fair subject selection
- Favourable risk-benefit ratio
- Independent review
- Informed consent
- Respect for enrolled subjects

Social value

- Research is designed to answer socially valuable scientific questions
- Research is not worth undertaking unless it will contribute to improving medical care or promote health

Scientific validity

- Studies must be designed with sufficient methodological rigor to provide a scientifically valid test of their hypotheses

Fair subject selection

- Concerns groups of human subjects regarded as vulnerable
- Certain types of people are considered vulnerable because their characteristics or situations render them less than fully capable of making voluntary informed decisions

Favourable Risk-benefit ratio

- Whether the risks to which the participants are exposed are justified by the potential benefits to them or future patients
- Three dimensions
  - **Probability**: Chance of harm to the well-being of the participant
  - **Magnitude**: Seriousness of harm
  - **Duration of harm**: How long will the potential harm last?

Independent review

- Independent review of research protocols by Institutional Review Boards
- Self-regulation by investigators was not considered adequate
- DSMBs: Data and Safety Monitoring Boards
  - Deciding to stop a trial if necessary due to unexpected adverse effects

Informed consent

- Two basic components
  - Subjects must understand what research participation involves
    - Nature of the study, procedures, risks and benefits, alternatives, right to decline
  - Subjects must voluntarily agree to participate

Respect for enrolled subjects

- To protect the welfare and rights of participants during the course of the study
  - Protect privacy
  - Protect confidentiality
- Debriefing at the conclusion of their participation to discuss any medical implications and communicate individual results

Placebo controlled trials (PCT)

- Ethical controversy in psychiatry
- usually they are conducted with the proven effective treatment
- This is alleged to violate the therapeutic obligations of the physicians
- Others argue that these studies are justifiable provided that sound methodological reasons support their use

Clinical Equipoise

- Clinical equipoise is the assumption that there is not one 'better' intervention present (for either the control or experimental group) during the design of a randomized controlled trial (RCT)
- A true state of equipoise exists when one has no good basis for a choice between two or more care options.
- Widely regarded as central to the ethical justification of of RCTs

Clinical Equipoise

- Called an honest null hypothesis and/or a state of uncertainty
- A personal equipoise exists when the clinician involved in the research study has no preference or is truly uncertain about the overall benefit or harm offered by the treatment
- The clinician has no personal preconceived preferences toward the ability of the interventions to have a better outcome than another

Ethical framework for PCT in Psychiatry

Methodological Rationale	• Designed to achieve valid results
Assessment of Risks	• Severity, probability and Duration of Risks

Ethical framework for PCT in Psychiatry

Safeguard to minimize Risks

- Severely ill patients with risk of deterioration may need to be excluded
- Monitoring by clinicians essential

Informed Consent

- The participants should understand that they may not receive the best treatment available

Informed Consent: Information (RCPsych)

- The main purpose should be explained to the client and important risks should be made clear
- No general rule about the exact extent of the risks that should be explained

Informed Consent: Understanding (RCPsych)

- May not be sufficiently clear or complete
- May be given at a time when the subject is unable to concentrate adequately upon it
- May have a special difficulty in understanding caused, by a specific disorder

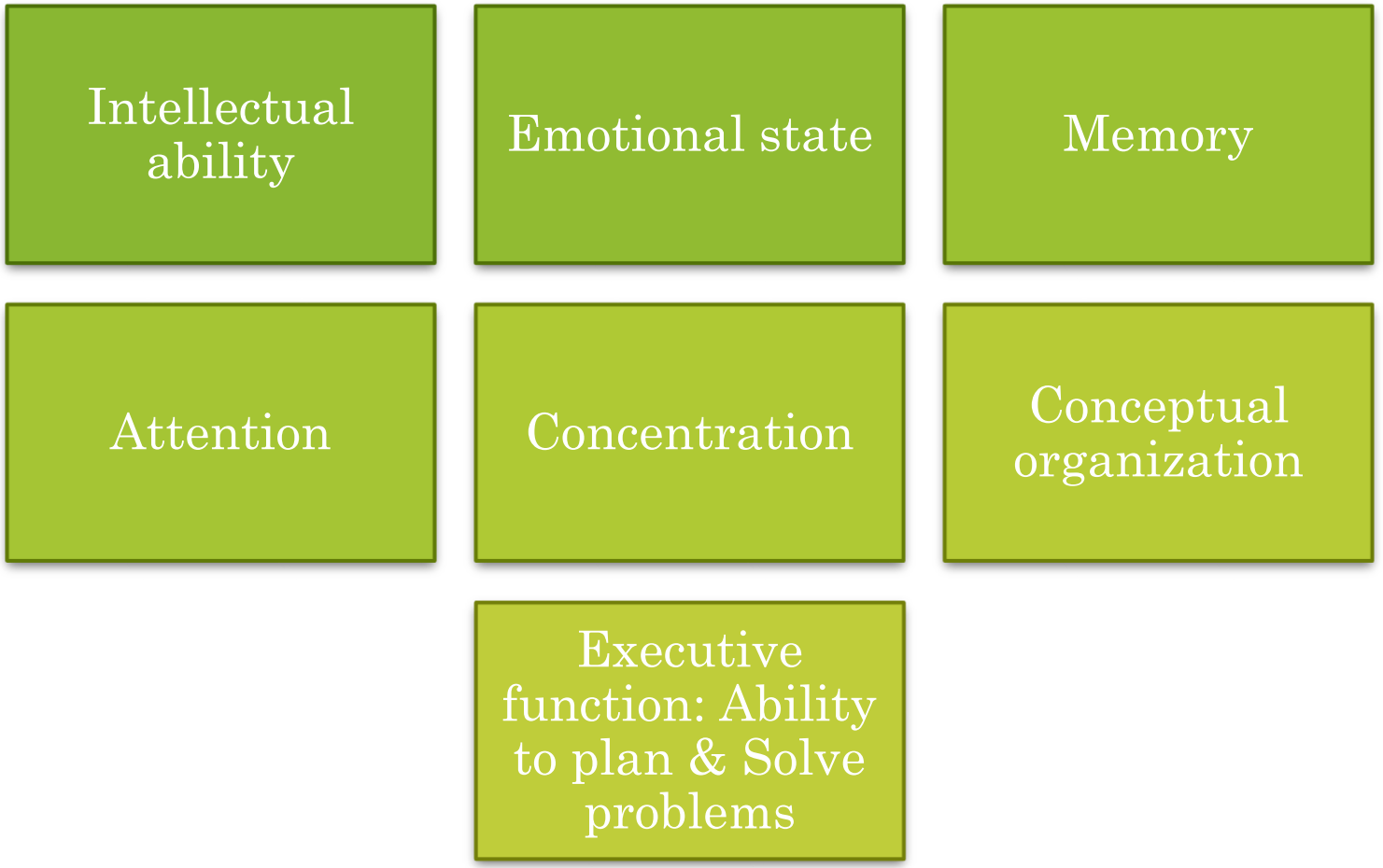
Active –controlled trials

- Any new treatment should be tested against the standard treatment
- But PCT are better
- 1.more efficient ,require fewer subjects,completed more quickly and less cost
- 2.accurate determination of adverse evevts are caused by the testing drug.
- 3.the new drugs are not expected to be better than the old drug
- 4.As the old drug might give relief to some but not all pts ,adding new drug will give better relief.

Decision Making Capacity (DMC)

- The principle concern is the potential exploitation
- But need to improve the existing knowledge of management options
- Certain disease known to be associated with cognitive and decisional deficits
  - Schizophrenia, Bipolar disorder, Dementia
  - But only a minority incapable of providing informed consent

Assessing DMC: Components



DMC

- Not a dichotomous phenomena
- Lie along a continuum
  - Incapacitated to fully capacitated
- Assessment of DMC
  - Ability to make and express a choice
  - To understand the relevant information
  - To appreciate the significance of information
  - To reason by weighing the options

Assent

- Is the expression of approval
- Who lack capacity to give informed consent may be able to give assent
- Involves a more simplified disclosure of information
- When the research participation is authorized by an appropriate surrogate, the assent shows respect for the individual and promotes autonomy

Protocol review &determination of appropriate safeguards

- There is no specific regulatory guidance
- Guidance for research involving children is helpful
- Whether the prospective subjects are at risk of impaired DMC are giving informed consent.
- To have a" consent monitor" to observe how the consent is taken by the researcher.
- Similarly capacity assessment could also be checked.

Emerging foci of Psychiatric research

- Most research focusing on the following fields
  - Child & Adolescent Psychiatry
  - Diagnostic & Classification criteria
  - Brain imaging
  - Molecular genetics

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Thank you!