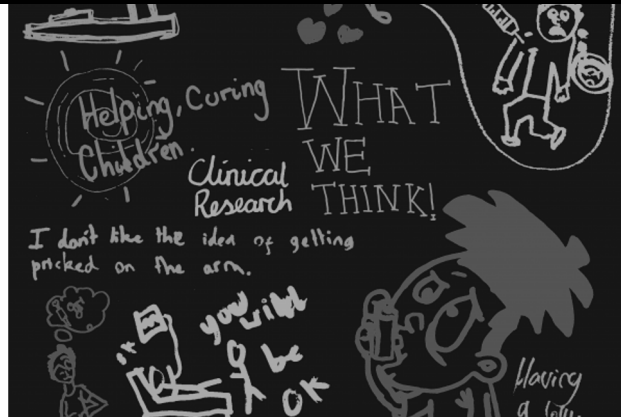


## PICU Research in LMICs – ethical considerations



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University of Cape Town*



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## Ethical lapses

*“Ethical lapses are almost never a case of bad people, doing bad things, for no good reason. More often they are good people, doing bad things, for good reasons”*

– M. Angell

**RIGHT**  **BAD**  
**BELIEF**  **ACTION**

3

## Why is PICU research necessary?

- Inform practice [“evidence based care”]
- Improve care
  - Ensure treatment is effective and safe
  - Optimise patient outcomes
- Burden of critical illness growing globally
  - Human and financial cost
- Medical care should be based on best available evidence.
  - Balance between discovering new knowledge and protecting patients

Weijer (2004) *Critical Care* 8: 85 – 86

ATS Statement *Am J Respir Crit Care Med* 170: 1375 - 1384

4

## In PICU....

- Medical management still largely based on experience, anecdote and adult/animal studies.
- ... “therapeutic orphans”
  - Dr. Harry Shirkey, the “father of pediatric therapeutics in the U.S”, 1960s



CATCH-22: CLINICAL TRIAL EDITION

5



... sickest, most vulnerable children are subjected to the most anecdotally based medical practice

- Brierley, Larcher (2011) J Med Ethics 2011, **37**(7):429-432.
- Knox; Burkhart (2007) J Pediatr Nurs 2007, **22**(4):310-318.
- Brierley; Larcher (2010) Arch Dis Child, **95**(11):863-866.

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7

- Extrapolating results from adult trials is not appropriate
- Research must be done *in the PICU population*



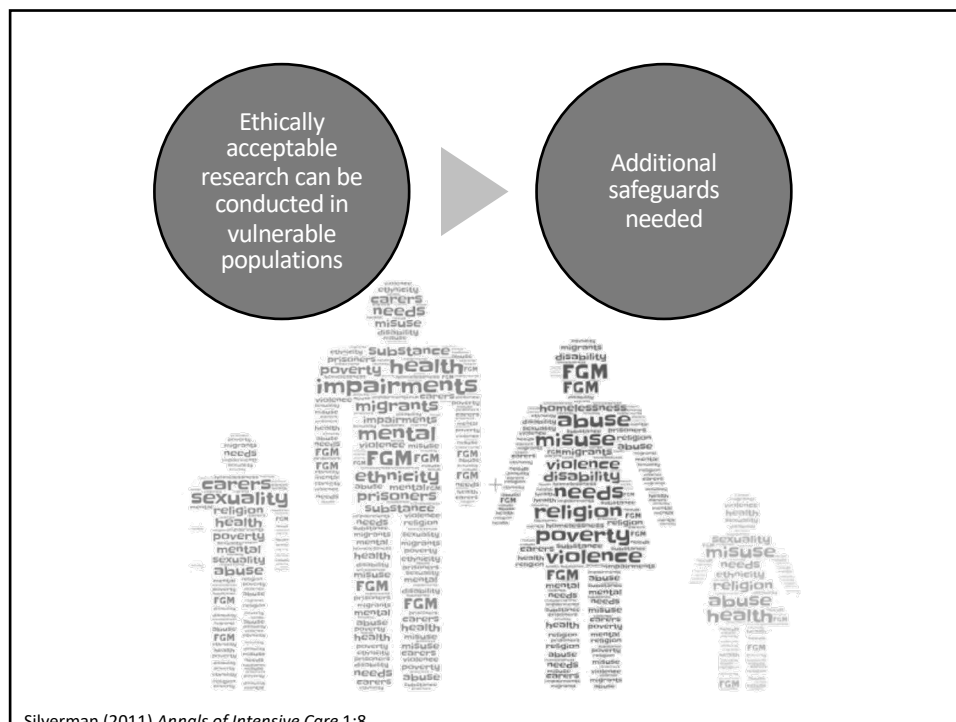
• Knox; Burkhardt (2007) J Pediatr Nurs 2007, **22**(4):310-318.

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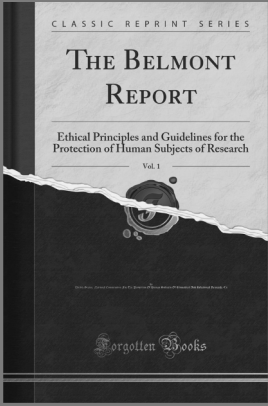
## Ethical challenges in PICU research



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CLASSIC REPRINT SERIES

## THE BELMONT REPORT

Ethical Principles and Guidelines for the Protection of Human Subjects of Research

VOL. I

Forgotten Books

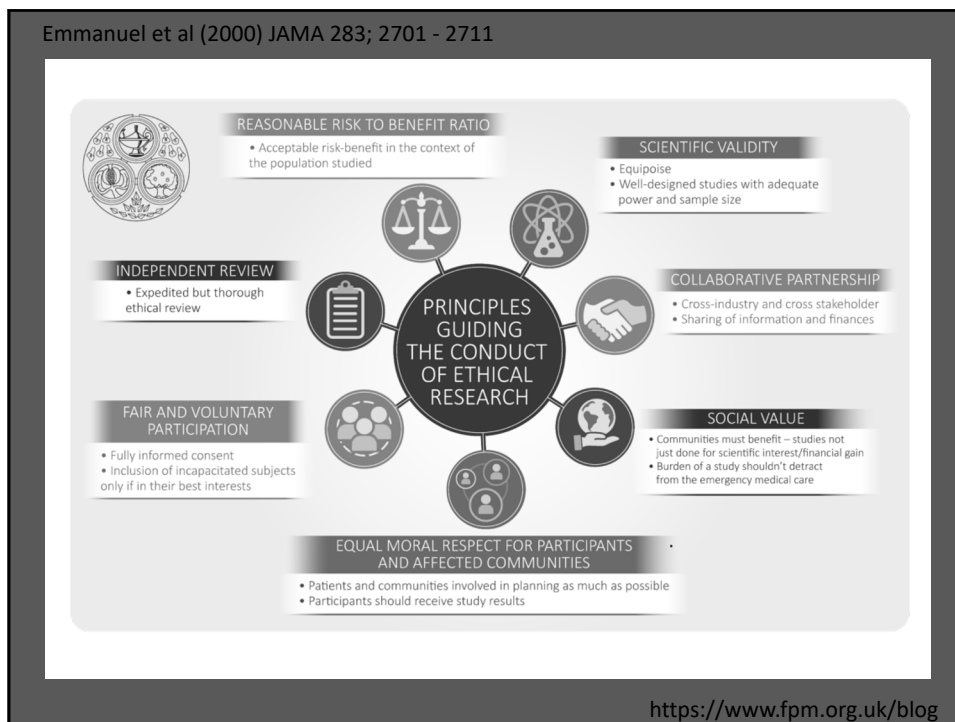
### BELMONT REPORT'S THREE ETHICAL CONCEPTS

**Respect for persons**, requiring researchers to obtain subjects' informed consent to study participation.

**Justice**, requiring equitable distribution of research burdens and benefits.

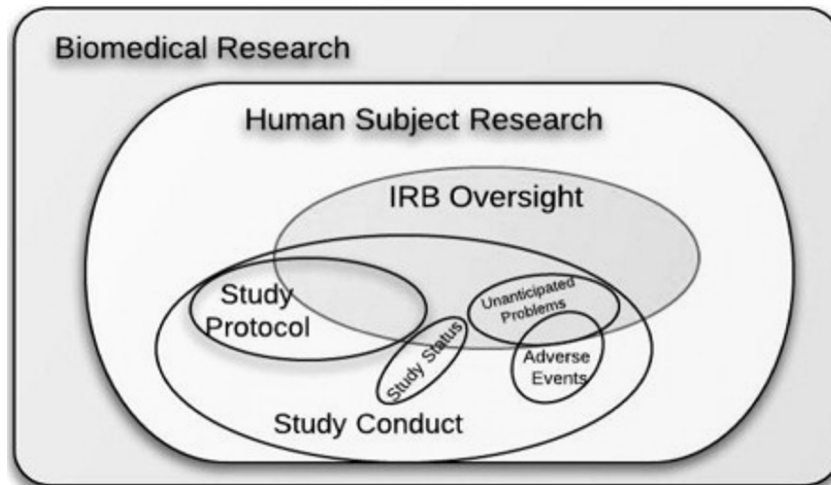
**Beneficence**, requiring that risks to human subjects be justified by the value of the knowledge the study is expected to generate.

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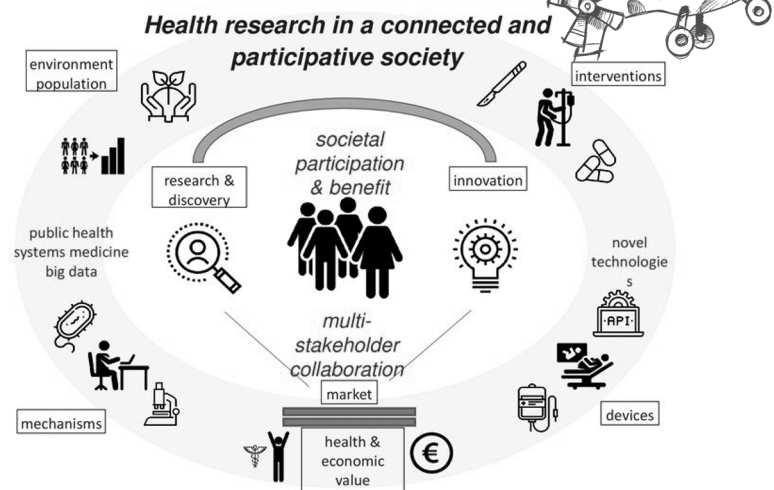
## Independent ethics review



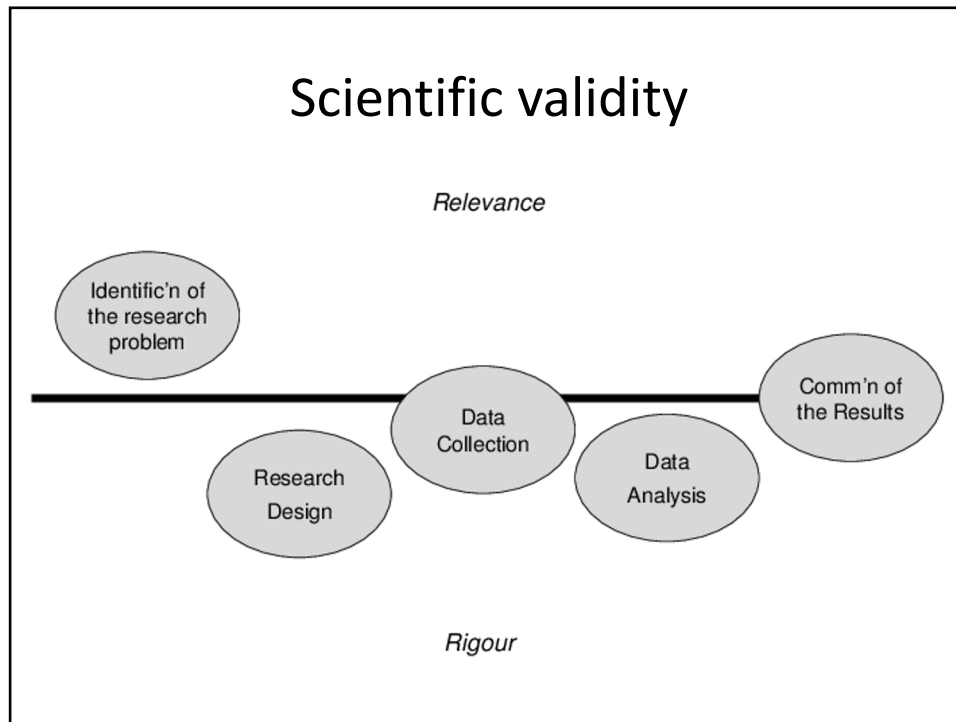
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## Societal value Collaborative partnership

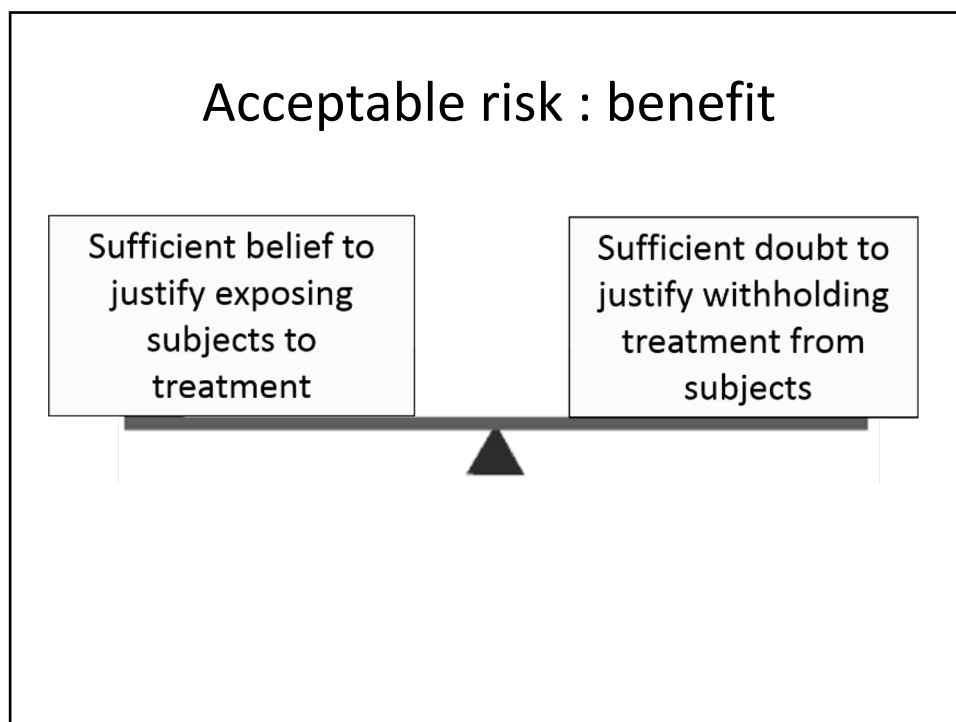
2017 Scientific Panel for Health Conference



14



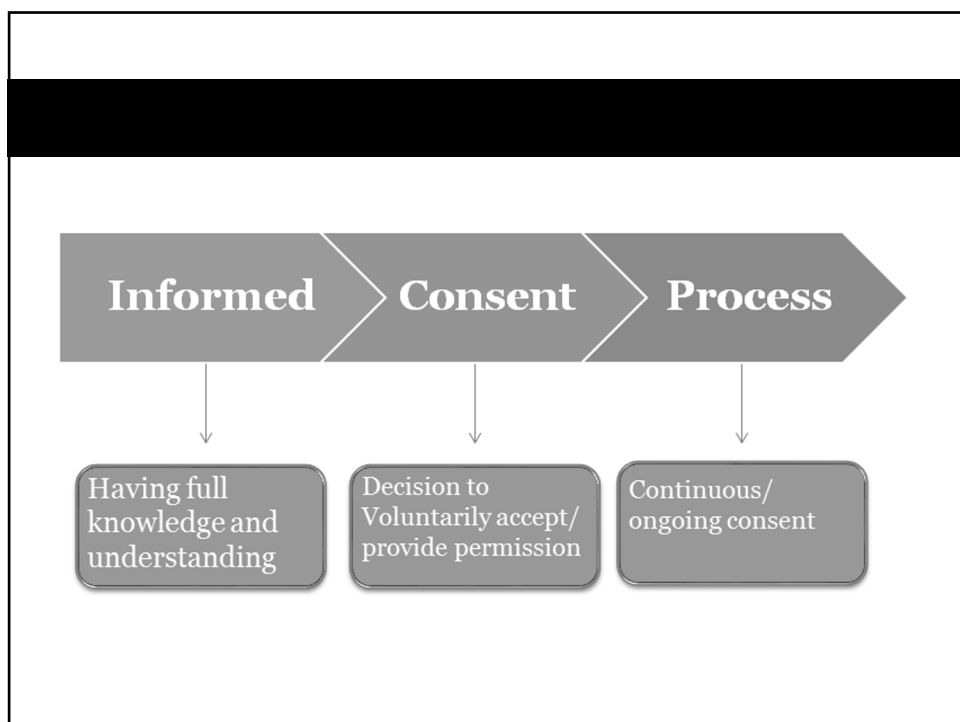
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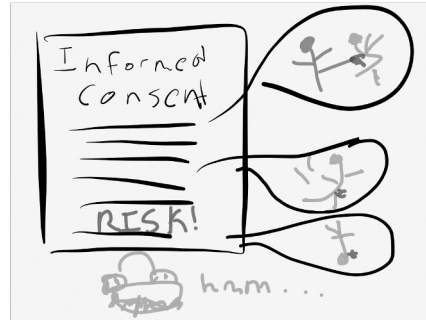


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- Obtaining informed consent is particularly difficult in
  - emergency situations
  - research involving children



- Brierley; Larcher (2010) Arch Dis Child, 95(11):863-866.

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- “When the two sets of circumstances combine, **as they do when research involves the care and treatment of critically ill infants and children**, there may be particular difficulties in satisfying the requirement to obtain voluntary informed consent”

- Brierley; Larcher (2010) Arch Dis Child, 95(11):863-866.

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## Informed consent...issues and options

- Children have no legal authority to make decisions for themselves
- Parent/s or legal guardian make the decision for the child

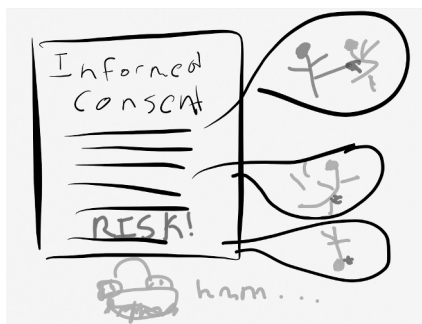


Zawistowski CA, Frader JE (2003). Crit Care Med, **31**(5 Suppl):S407-10.

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## Parental consent for child participation

- Requirements for valid consent:
  - Intact decisional capacity
  - Legally competent
  - Fully informed (and understandable)
  - Voluntary – no coercion or undue influence



<http://www.medicalprotection.org/southafrica/booklets/consent/introduction>

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### Parental consent for child participation

- Requirements for valid consent:
  - Intact decisional capacity
  - Legally competent
  - Fully informed (and understandable)
  - Voluntary – no coercion or undue influence

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## Parental incapacity

- if at the time a decision needs to be made he or she is unable, temporarily or permanently and irrespective of the cause –
  - to make the decision for him or herself on the matter in question; or
  - to communicate his or her decision on that matter.
- if he or she is unable
  - to understand or retain the information relevant to the decision; or
  - to make an informed, rational decision based on that information.
- South African Law Reform Commission, Discussion Paper 105, Assisted Decision-making: Adults with Impaired Decision-making Capacity (January 2004).

24

- In order to make decisions for their children, the parent would need to display:
  - commitment to the child's best interests
  - adequate knowledge and information
  - emotional stability
  - the ability to make reasoned judgements
    - (Childress 1985)
- **Only a parent with decisional capacity can give truly informed consent**



- Zawistowski CA, Frader JE (2003). Crit Care Med, **31**(5 Suppl):S407-10.
- Childress (1985) **Protecting handicapped newborns**. In *Genetics and the Law: III*. Edited by Milunsky A, Annas GJ. New York: Plenum Press.

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- Problems with obtaining consent from a parent with a critically ill child
  - Impracticability (parent absent or urgent action needs to be taken, e.g. resuscitation)
  - Concern about validity of consent:
    - Severe illness of a child has significant emotional and psychological effects on parents which may **impair capacity for rational informed decision making**, including decisions relating to research
    - Levels of stress **approach panic** at times
    - May be **completely unable to assimilate study information** under the circumstances

- Brierley, Larcher (2011) J Med Ethics 2011, **37**(7):429-432.
- Shudy et al (2006). Pediatrics, **118** Suppl 3:S203-18.
- Molyneux et al (2013). PLoS One, **8**(2):e54894.

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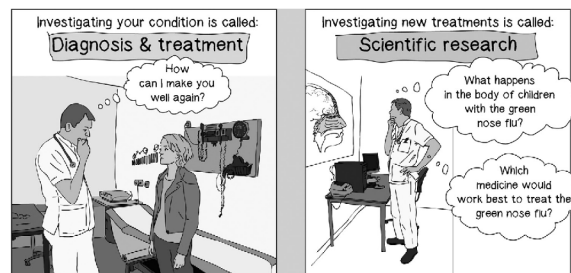
## Clinical Research vs Clinical care

### Clinical Research

- Generate generaliseable knowledge for future patients

### Clinical care

- Provide benefit to individual patient (now)



Silverman et al 2005 Crit Care Med 33(4) 867 - 882

27

**Not a "Patient"  
a "Participant"**

- Inability to distinguish between research and clinical care
- Conflate research participation with receiving "cutting edge" care
  - Unwarranted belief or hope of benefit
  - Silverman (2011) *Annals of Intensive Care* 1:8

**Therapeutic misconception**

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## Do you ALWAYS need informed consent?

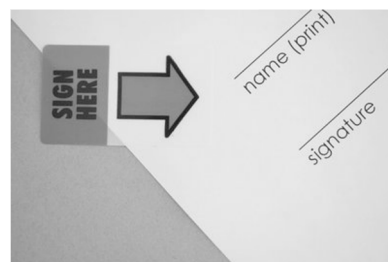
- Research in critically ill or injured children may be ethically justifiable **without full voluntary informed consent** if
  - potential to **benefit the population** by producing evidence or a better understanding of best treatment,
  - **and** where the intervention has only **minimally increased risk** in the context of the child's underlying condition.

• Brierley, Larcher (2011) J Med Ethics 2011, 37(7):429-432.

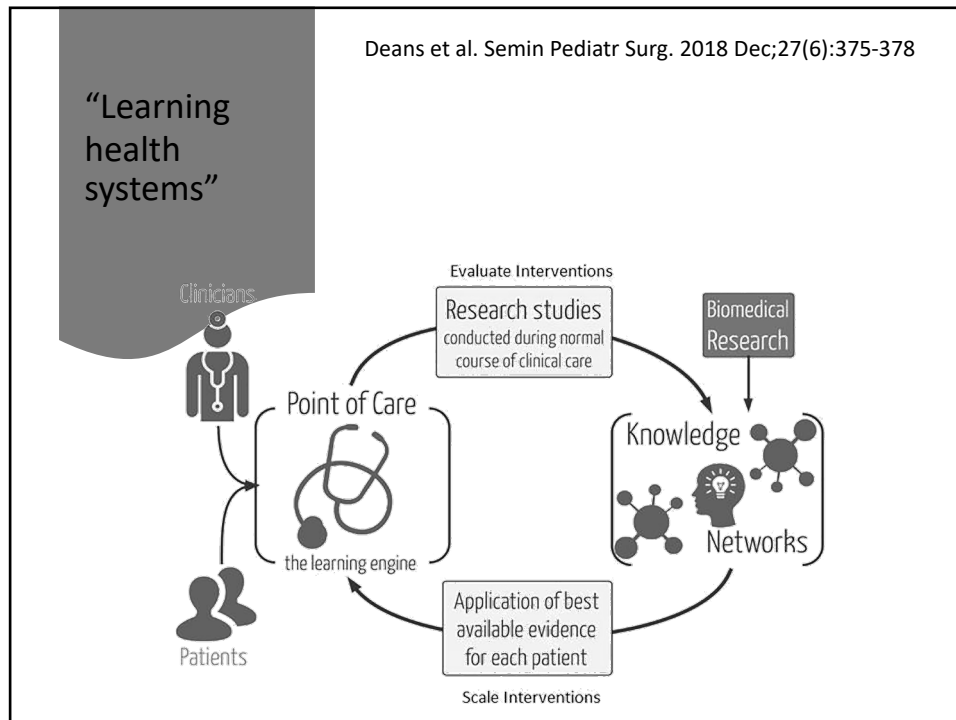
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## Informed consent models

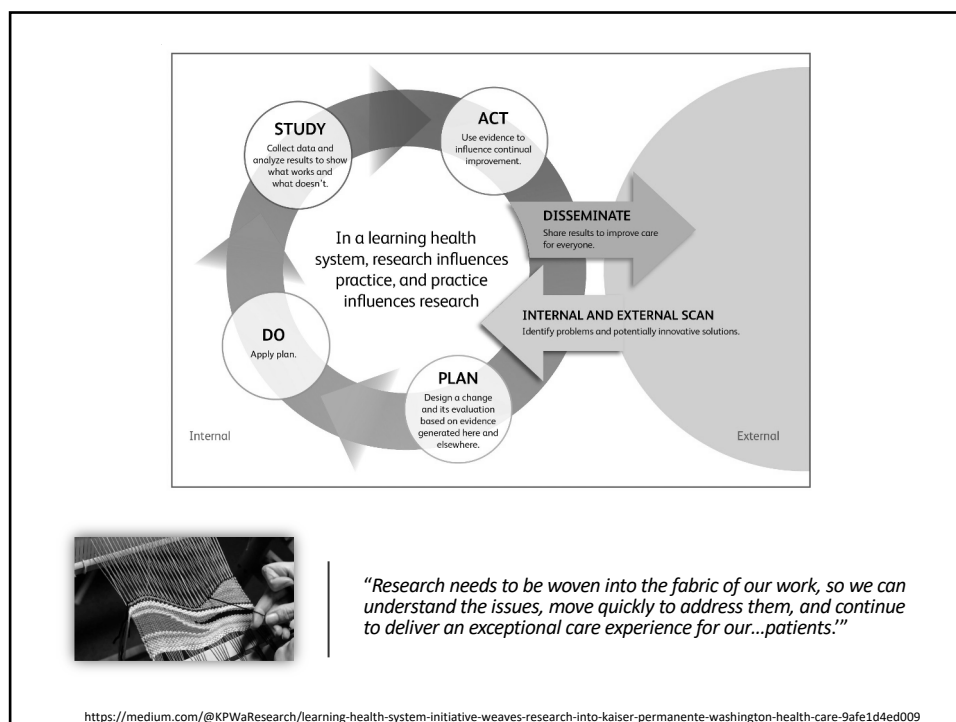
- Prospective IC (>minimal risk)
  - E.g. Drug trials
- Deferred (low risk/emergency Rx)
  - E.g. paed CPR
- Waived (very low risk)
  - E.g. folder reviews/audits



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