Protecting Human Research Subjects: An International Perspective

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Abuses of human rights in experimentation worldwide are not new. As early as 1898, Albert Neisser in Prussia, who discovered gonococcus, attempted to test serum therapy to prevent syphilis by injecting cell-free serum into patients, most of whom were prostitutes, without their knowledge and consent (Vollmann & Winau, 1996). Eventually some of those injected developed syphilis. Since the end of World War II, cutting ethical corners in human experimentation such as this has prompted the international community to call for protecting human research subjects and issuing ethical codes and regulations on the basis of informed consent (Nelson-Martens & Rich, 1999; Oddi & Cassidy, 1990).

What kinds of rights do human beings have when they participate in research studies as subjects? What are researchers' moral and legal obligations toward their human subjects? How can researchers ensure the rights of human subjects are being protected? These questions become even more critical as the trend toward international collaborations in research increases (Wichman, Smith, Mills, & Sandler, 1997). To date, researchers in more than 100 countries in the world have collaborated with researchers in the United States. To extend scientific knowledge across countries is to simultaneously extend ethical sensitivity to all involved in research. To this end, this column explores ethical standards, their applications, and the challenges in protecting human subjects in an international arena.

Cornerstones of Ethical Standards for the Global Community

The Nuremberg Code (1949) and the Declaration of Helsinki are two prototypes that set international ethical standards for protecting human subjects in research. The broad language and a lack of general structure hamper actual application to the conduct of research. Thus, the Council for International Organization of Medical Sciences (CIOMS) (1993) with the World Health Organization moved to develop the international ethical guidelines to safeguard human subjects, especially in developing countries. The strength of this document lies in creating a system of ethical review for all research protocols. Currently, many countries and international professional organizations such as the International Association for the Study of Pain have endorsed and abided by the ethical principles set forth in the above three documents.

In contrast to CIOMS, the International Council of Nurses (ICN) has not been influential in promoting ethics in nursing research. The Code for Nurses published by the ICN in early years had no specific clauses related to research. In 1998, the ICN adopted a position statement on "Nurses and Human Rights" to replace the previous ICN position. The statement indicates that it is a nurse's obligation to make sure that patients are well informed before agreeing to participate in any research.

Nuremberg Code

Following World War II, much of the world was shaken to learn of the experiments the Germans conducted on prisoners of the various concentration camps. It is estimated that more than 7,000 humans were included in these research activities (Museum of Tolerance Multimedia Learning Center, 1997). The experiments were of various types. Some were within the bounds of accepted medical research; others violated moral dictates, and yet others went beyond the bounds of accepted research practices. It was appalling to learn that such grotesque experiments were conducted on humans.

A key component of all the above experiments is that the human beings studied were not volunteers but were forced to take part with no explanation of benefits or risks. The reality is there were no benefits to the individuals being studied. There was no option to decline participating. All of the study participants were forced to take part and had no choice of withdrawing from the process.

Following World War II, the Nuremberg Tribunals investigated those persons accused of conducting the Nazi experiments. The Nuremberg Code was a direct outcome of the Tribunals, and general guidelines were developed to guide the involvement of humans in research studies. The 10 statements of the code are (a) voluntary consent of participants is required, (b) the outcome should be focused on the good of society, (c) animal experimentation should precede any study of human responses, (d) avoid unnecessary human suffering, (e)

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for Protection from Research Risk (OPRR) within the National Institutes of Health has established standardized procedures for negotiating and assuring the single project assurance process at international sites. Single project assurance is a written assurance document in English based on the terms and conditions laid out in the U.S. federal regulations (45 CFR 46). Foreign researchers must send proposals to the OPRR for approval along with a copy of informed consent that is translated into English and approved by foreign, on-site IRBs prior to initiation of any research (Wichman et al., 1997).

Although the OPRR has made great strides protecting human subjects in other countries through the single project assurance procedure, challenges and questions remain. Is it appropriate that the United States impose its ethical standards on other countries? Should the current regulations be more flexible for adaptation to local conditions, specifically when considering the composition of an IRB in the foreign country and the use of equivalent ethical codes?

Moreover, in cases of violations of human rights in research in another country, the power to sanction remains within the jurisdiction of that country. There is no international legal schema setting out to protect human rights in research. As for any U.S. federally funded research, the federal Office of Research Integrity has the right to bar foreign investigators from conducting any U.S.-funded research. For example, a Canadian researcher in a U.S.-Canadian research group falsified data and began experiments on patients before any informed consent was obtained ("FRAUD IN BREAST CANCER STUDY," 1994). Subsequently, he was banned from receiving any U.S. federal research grants for 8 years.

Protecting Human Subjects Internationally

Because of the limited information currently available in English, it is not clear whether every one of approximately 200 sovereign nations in the world has the structure of an IRB in place and a mechanism for promoting human rights in research. Nevertheless, each researcher must become aware of the guidelines of the country in which he or she wishes to conduct planned research. Although it is expected that each country has some written guidelines, developing nations may not have as widely disseminated information available. These countries face many day-to-day struggles for the existence of their population. The country's efforts are thus directed to the most immediate needs. In these situations, it is imperative that researchers not take advantage of those with lesser means. Protection of human subjects in research of selected countries in both developed and developing nations is briefly described below.

The National Health and Medical Research Council (1992) in Australia has issued ethical guidelines on human experimentation. It enumerates the functions and composition of institutional ethics committees, the counterparts of IRBs in the United States. Before the initiation of any research, research protocols must be reviewed and approved by an institutional ethics committee, and a free consent of the subject must be secured. Unique to the National Health and Medical Research Council guidelines is the protection of the welfare of the subjects in Aboriginal and Torres Strait Islander health research. It requires the researcher to seek advice and to obtain the consent from the local community. The ownership and publication of data must be discussed and agreed upon by the researcher and participants (National Health and Medical Research Council, 1992). In addition, there is a national committee that monitors and advises on the working of the institutional ethics committees when medical research involves human participants (A. Welch, personal communication, February 10, 2000).

As in Australia, research involving human subjects in the United Kingdom is required to be reviewed by a local research ethics committee that receives guidelines from the Department of Health. The general ethical requirement and the need for informed consent are similar to those of the United States. In terms of ethics related to research in nursing, the Royal College of Nursing Research Advisory Group has published ethical standards (Hek, Judd, & Moule, 1996). One of the interesting issues discussed is role conflict when a nurse simultaneously works as a researcher and a practicing nurse. The data gathered between the research activity and the daily work functions should be separated unless the patient's consent is obtained.

The line between research activities and daily nursing practice is somewhat blurred in situations of participant observation. Since the 1980s, Chao, Tan, and Chiang (1990) have introduced and popularized the field method to nursing in Taiwan. They emphasized participants as observers. In other words, researchers as nurses observe patients as a means of collecting data while providing nursing care. The issue of informed consent, however, has not been explicitly discussed and debated. Nevertheless, in recent years many major medical centers and universities in Taiwan have organized committees to review research protocols to ensure that the rights of human subjects are being protected (Hsu, 1996), although the size and composition of the committees vary widely. The national funding agencies such as the Department of Health, Executive Yuan also require explicit documentation on protecting human subjects. It includes an official IRB approval as well as plans for the recruitment and the consent process and assessment of risk/benefit ratio (National Health Research Institutes, 1997).

In Brazil, grounded in the Nuremberg Code, the Declaration of Helsinki, Civil and Political Rights, and other international ethical codes, Resolution No. 196 was promulgated on October 10, 1996, to regulate research involving human subjects. On July 8, 1999, Resolution No. 292 was enacted to further regulate research involving other countries (Sarah Hegeto de Souza, personal communication, February 2000).
Generally speaking, any research conducted in Brazil requires review and approval from the ethical committee of an institution, such as a university.

Challenges Ahead: Implications for Nurse Researchers

Nurse researchers of the 21st century are obliged to uphold the highest ethical standard possible based on acceptable international standards and premised on human subjects' rights over the advancement of scientific interests when engaging in international research studies. Researchers must be aware that, to date, the concept of human rights in the global community may be supported in a public posture but may not be embedded in the constitutions, regulations, or even the common law heritage of countries where the history, cultural background, and political ideology are very different. In a survey conducted by the National Institutes of Health's Office of Human Subjects Research (Wichman et al., 1997), some researchers commented on a question about “different, or additional, ways of protecting the human subjects of foreign collaborative research” (p. 3). They revealed that former Eastern Bloc countries had no IRBs in place so that U.S. researchers, in fact, had to explain and assist the country to set up IRBs together with finding other means to fulfill the requirement of the informed consent.

Thus, nurse researchers in the United States must be aware and cognizant of the ethical guidelines and regulations of various countries and then follow procedures as needed. Consulting people familiar with the culture or collaborating with nurse researchers in the country would be helpful in the planning phase. When formal IRBs in the country or the particular institution do not exist, obtaining permission from the site prior to conducting research is essential. Although this is a common practice in the United States, this request might meet with suspicion and misunderstanding in other countries. For example, Davis and Cannava (1992) described their experiences of securing permission from the director of an institution when conducting a qualitative study in Milan, Italy. Their use of the word protects, as in the protection of human subjects, had resulted in confusion and apprehension because this word suggested a threat. Another incident involved an author in Taiwan who planned to obtain written permission from the research site. Initially, the author was rejected because signing a letter implied the institution’s promise to recruit subjects for the researcher. The issue was finally resolved after the author explained and clarified the process as a technicality (Wang, 1997).

Furthermore, although the IRB approval is expected in most instances, some countries may accept the IRB approval from the U.S. institution. In countries where English is not the official language, a translation of the research protocol might have to be provided. Problems with hiring a translation agency to do the job must be seriously considered. Commercial translators may not have a good grasp of nursing or medical language. As a result, the translation can be faulty and unintelligible or convey a meaning different from what is intended.

In addition to the IRB review, obtaining a meaningful informed consent is a daunting task for the international researcher. There are many elements that should be addressed. In many non-Western countries, the literacy rate is low. Potential subjects may get lost or feel intimidated by sophisticated language and technical terms presented to them, even though the consent is written in their language or interpreted through an interpreter. The consent form and its discussion, therefore, must be simple, easily understandable, and appropriate for the cultural norm. For example, in Taiwan, if proposed subjects are elderly, the researcher should address them as Uncle, Aunt, Mr., or Mrs. Bringing a gift to the family at the initial visit or after the visit is a common courtesy in many cultures. This cannot be referred to as part of the benefits or compensation for the study in the consent form (Wang, 1997).

Furthermore, the informed consent process must be flexible and adapted to the local custom. Acceptable ways to conduct the consent process should be explored. In some cultures, people are suspicious of signing any paper, and a verbal agreement is more favorable. The authors suggest that verbal consent be honored. Answering questions on audiotape or on a survey should be regarded as a form of consent to the research process. If participants are illiterate, any symbol marked by them such as an “X” should be an acceptable substitute for the signature. An example in point is a study conducted by a Canadian researcher (Jonas, 1992) with 25 elders in Nepal. She accepted verbal consent after informing the participants about their rights through an interpreter and offered them Canadian pins or a piece of clothing as a way of showing appreciation.

Protecting the welfare and rights of human subjects is the most important aspect of any research process. Following universally accepted ethical guidelines is a challenge when the researcher ventures outside the United States. The nurse researcher must be sensitive to cultural differences and find the best way possible to ensure subjects' protection based on international ethical codes.

References


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