Medical research today: the geographics of vulnerable populations

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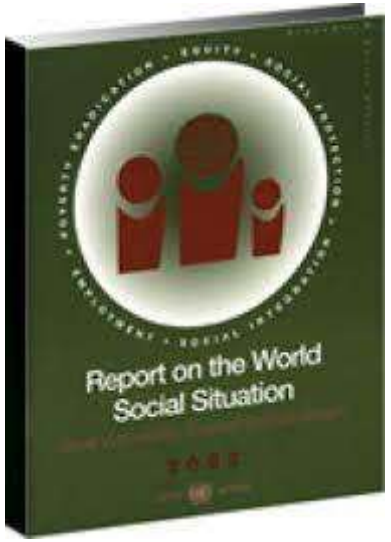
1. *who* is vulnerable? *what* is vulnerability

everyone/all: ‘natural condition’ - ‘special/particular vulnerabilities’

- a particular condition or state of high exposure to certain risks and uncertainties (dignity, autonomy, justice)
- reduced ability to protect/defend oneself against those risks and uncertainties and cope with their negative consequences



kinds of vulnerabilities

- existential: age; sex; ethnical belonging; severe illness/disability
- positional/situational: cognitive/communicative ability; illiteracy/low literacy; inferiority condition; illness (not permanent); economic-social-cultural position; personal limitations; environmental condition

this list may not be exhaustive

'tailored vulnerability'

2. *who* is vulnerable in *resource poor* settings?

amplification of every kind of vulnerabilities

economic vulnerability: being disadvantaged in the distribution of social goods and services

social vulnerability: being a member of a marginalized social group, in precarous conditions

‘social determinants of health’

resource poor settings/medical research

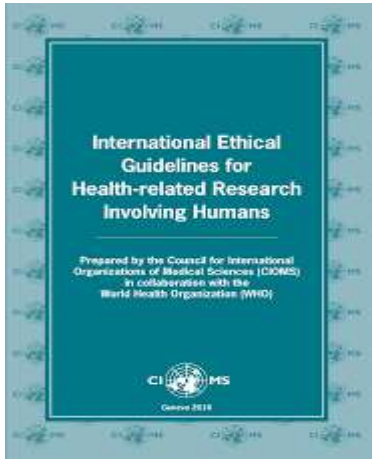
settings: location, not countries (geography)

(CIOMS, Guideline 2: Research conducted in low-resource settings: «setting can change over time» and space)

medical research: pharmacological and non pharmacological (clinical, psycho-social environmental)

specific vulnerabilities: exploitation/abuse, deception,

dependence, inferiority, disadvantage



3. *How* can we protect vulnerabilities in medical research? General ethical requirements

all participants in medical research are vulnerable (uncertainties)

ethical requirements:

- scientific relevance of research
- equity in the enrolling/selection of participants
- proportionality
- informed consent
- compensation
- distribution of equal burdens and benefits

socio-economic vulnerabilites: additional ethics requirements

- need of <u>additional ethical requirements</u> :

- normative documents
- opinions of bioethics committees

WMA, *The Helsinki Declaration* (2013)

- responsiveness to the health needs or priorities of the communities (art. 20);
- non possibility to carry out research on non-vulnerable groups (art. 20)
- family members/community leaders consultation (art. 25);
- post-trial access (art. 34)
- justification of placebo (the best proven intervention, w e given)

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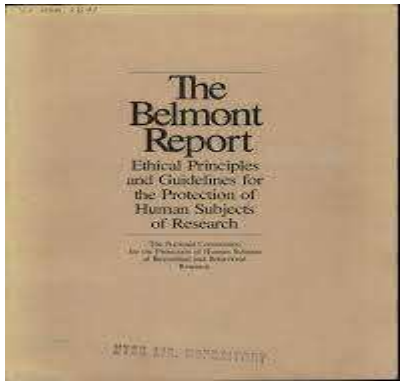
Belmont report (1979)

- *Voluntariness*: undue inducement
- *Risk benefit assessment*: demonstration of appropriateness of involving
- *Selection of subjects*: the economically disadvantaged (given their dependent status and their frequently compromised capacity for free of consent:

risks of convenience and manipulation



CIOMS, *International ethical Guidelines for Health related research involving humans* (2016)

Guideline 2: Research conducted in low-resource settings - The ethical standards applied should be no less stringent than they would be for research carried out in high-resource settings

Guideline 3: Equitable distribution of benefits and burdens in the selection - scientific selection not easiness to recruit

Guideline 15: Research involving vulnerable persons and groups – From 'traditional approach' to the contextual approach'

Council of Europe, *The Additional Protocol Biomedical Research Oviedo Convention* (2005)

- Article 29

Affirming that particular protection shall be given to human beings who may be vulnerable in the context of research;

- Article 12 – Undue influence

The ethics committee must be satisfied that no undue influence, including that of a financial nature, will be exerted on persons to participate in research. In this respect, particular attention must be given to vulnerable or dependent persons.

Regulation (EU) No 536/2014 *on clinical trials on medicinal products for human use*

- The EU Clinical Trials Regulationof 2014

Article 10 (“Specific considerations for vulnerable populations”)

certain groups and categories (minors, incapacitated persons, pregnant or breastfeeding women, or other groups or subgroups) specific precautions and procedures are required, due both to a reduced capacity to make decisions and to an increased risk of harm or injury

-direct benefit/minimum risks and burden

UNESCO *Declaration of Bioethics and Human Rights* (2005)

Respect for human vulnerability and personal integrity (art. 8): Social responsibility and health (art. 14); Sharing of benefits (art. 15)

- *Solidarity and cooperation: global health challenges* (2023)
- *The principle of the sharing of benefits* (2015)
- *The principle of non-discrimination and non-stigmatiz*ation (2014)
- *Respect for human vulnerability and personal inte*grity (2013)
- *Social responsibility and health* (2010)

EGE, *Opinion on the ethical aspects of clinical research in developing countries* (2003)

Ethical aspects related to economic differences

The strict transposition of a system of protection to developing countries, without considering their socioeconomic specificities, will not ensure the same level of protection of the participants.

The protocol cannot ignore the context where the clinical trial will take place and in a context of poverty and absence of healthcare, the fact of participating in a clinical trial may constitute for the patient the only opportunity to have access to healthcare.

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European Group on Ethics in Science and New Technologies

EGE, *Opinion on the ethical aspects of clinical research in developing countries* (2003)

- there is continuity from very poor countries to countries with a standard of living close to developed ones.
- (…) may also be applicable to research involving cultural minorities or vulnerable groups within industrialised countries.

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EGE, *Opinion on the ethical aspects of clinical research in developing countries* (2003)

- a weakening of the standards would be in contradiction to the fundamental principles of human rights and dignity and their universal guarantee and protection.
- But a legal framework does not exist in every country - the lack of means and capacities or appropriate governance systems.

ege European Group on Ethics in Science and New Technologies

Italian Committee for Bioethics, *Pharmacological trials in developing countries* (2011)

- populations whatever their social-economic-cultural condition should be considered "always as an end" and never "just as a means" for experimentation (I. Kant)
- the right to health care as protection of the objective good of a person must be considered a fundamental international right

Italian Committee for Bioethics, *Pharmacological trials in developing countries* (2011)

- the aspect of solidarity must prevail over every other consideration, in order to prevent that economic and social inferiority may justify exploitation, creating irreversible situations of vulnerability
- the immediate utility in terms of cost saving and rapid results is often only apparent when one considers the elements of uncertainty that in the long run, could emerge. Only a balanced social relationship can provide optimum conditions for the correct assessment of the possible advantages of a trial.

Italian Committee for Bioethics, *Pharmacological trials in developing countries* (2011)

- The particular difficulty at this level that can be detected in populations living in economic poverty and / or lack of culture and scientific knowledge should not be **a reason to exclude** them from the trial and the benefits that it can bring: it would be a kind of acceptance and amplification of a disadvantaged condition.
- The objective difficulties regarding information must be a stimulus to support the activity of experimentation with a contemporaneous intensification of the activities of information and formation

Italian BC, *Biomedical research for novel treatments within the Covid-19 pandemic*, 2020

- Trials aimed at therapeutic treatments for Covid-19 must include all subjects - according to the most appropriate phases and timing - without excluding anyone, unless there is an unfavorable risk/benefit ratio.
- The exclusion of particularly vulnerable subjects from the trial is contrary to the principle of justice, as it deprives them of the same possibility of treatment, as no safe and effective treatment is currently available.

summarizing…what could be important today

- education of reserchers/physicians, members of ethics committees to identify vulnerabilities: raise awareness of context vulnerability (need of population, priorities: justice for all)
- not (necessarily) exclusion, but (possibile) inclusion with specific protection: not weaken standards but additional requirements

appropriate selection-recruitment (exclusion: high risks and minimum benefits) - equity benefits/burdens and sharing benefits – no undue inducement – tailored information

- negative duty (not to exploit); positive duty (responsibility)
- global regulation (Henk ten Haven, *Global Bioethics*, 2016)