ETHICS REVIEW COMMITTEE

TERMS OF REFERENCE AND GENERAL MANAGEMENT GUIDELINES

Faculty of Medical Sciences

University of Sri Jayewardenepura

Background

The International Guidelines on Biomedical Research of the World Health Organisation (WHO) and the Council for International Organisations of Medical Sciences (CIOMS) advice that ethics review committees should ensure that:

- the objectives of research are directed to a justifiable advancement in biomedical knowledge that is consonant with prevailing community interests and priorities.
- the interventions are justifiable in terms of these objectives and the required information cannot be obtained from animal models and the study has been designed with a view to obtaining this information from as few subjects as possible who will be exposed to a minimum of risk and inconvenience.
- the responsible investigator is appropriately qualified and experienced, and commands facilities to ensure that all aspects of the work will be undertaken to define, as far as practicable, the risks inherent in participation.
- every effort will be made to inform prospective subjects of the objectives and consequences of their involvement, and particularly of identifiable risks and inconvenience.

The terms of reference and general management guidelines of the Ethics Review Committee of the Faculty of Medical Sciences, University of Sri Jayewardenepura (FMS/USJP), assenting with these guidelines is outlined in this document.

PART I: ESTABLISHMENT OF AN ETHICS REVIEW COMMITTEE

1. OBJECTIVES

1.1 The objectives of the Ethics Review Committee of the Faculty of Medical Sciences, University of Sri Jayewardenepura (FMS/USJP) are :

a. to maintain ethical standards of practice in research, including protection of potential human participants, animals, other living or genetically modified organisms while taking into account the interests and needs of researchers and the integrity of FMS/USJP.

b. to contribute to the highest attainable quality of scientific and ethics research.

c. to provide reassurance to the public that proper ethics standards are maintained in research with the aim of safeguarding their rights.

d. propose policies to enhance and facilitate the ethics conduct of research including those that are necessary for capacity building in ethics research and ethics review

2. FUNCTION AND SCOPE OF THE ETHICS REVIEW COMMITTEE

Terms of reference

2.1 The Ethics Review Committee of FMS/USJP should:

(a) advise members of the Faculty of Medical Sciences, University of Sri Jayewardenepura on all matters relating to the ethics of human and animal research.
(b) review proposals for research involving human subjects and animals taking care that all the principles of research viz. autonomy, beneficence, non-maleficence and justice are adhered to in all proposed research projects.
(c) report to the faculty board of the FMS/USJP monthly and submit a report of the proceedings which should be made available to the public on request.

Scope

2.2 The FMS/USJP ERC will review all types of research proposals involving human and animal studies. Applicants other than academic and non-academic members of FMS/USJP will incur a handling charge as decided by the faculty board of FMS/USJP.

Funding agencies generally require that projects have the approval of a committee before considering them for support. Although the allocation of resources has ethics implications, consideration of this is beyond the scope of research ethics committees. Grant of ethical clearance does not carry any implication that funding should be provided and the committee approval should not be used to assert this. If routine health services are required for research, then it is the responsibility of the investigator to negotiate arrangements for their provision and funding.

Being aware that the results might later give rise to demands of implementation that may be expensive is not the concern of an ethics review committee while deciding whether the research may be ethically undertaken is.

Scientific quality

2.3 The committee should approve only studies that are of good scientific quality. It will do its best, using the knowledge of its members, and will seek advice from external reviewers as and when required.

The nature of the decision that the committee has to make is largely defined in 1.1. But the question of the extent to which scientific quality, design and conduct should be considered in granting ethical approval is ill defined, however, research designed which are methodologically flawed causes inconvenience to subjects with possible risk, without producing useful or valid results, is unethical. Full scientific evaluation of the methodology is beyond the scope of the ERC.

2.4 When the committee is doubtful of the scientific quality and/or risk evaluation to the participants based on its scientific merit, it will instruct the applicant to review the proposal with expert advice. The committee will reject an application on grounds of low scientific quality only when it is satisfied that it has adequate knowledge and expert advice to justify this step.

Ethics of clinical practice

2.5 Ethics of clinical practice does not come under the purview of the FMS/USJP ERC and ethical problems pertaining directly to medical practice will not be considered.

3. MEMBERSHIP OF THE COMMITTEE

Membership

3.1 Membership of the FMS/USJP Ethics Review Committee will be constituted as follows:

a. *Members from the FMS/USJP*
   i. *Medical members* - These will include academic staff members of the FMS qualified in the fields of medicine or paramedical sciences with a postgraduate degree (M.D/M. Phil/ Ph. D.) At least two (02) members of this category should be occupied chiefly with clinical care and should be having experience as clinical investigators. Furthermore at least one (01) member should be a representative from the department Community Medicine with expertise on statistics and research methodology and one (01) member from the department of Pharmacology.
   ii. *Non medical members or scientists*. These will include academic staff member of the FMS with experience on human and animal research holding a post graduate research degree (M. Phil/ Ph. D.).

b. *Members representing the University (excluding academic members of the FMS).* These will include two (02) academic staff members of the faculty of Applied Sciences with experience in conducting research nominated by the dean/faculty of Applied Sciences.

c. *Lay members.* At least one person not practicing or trained in any medical or paramedical discipline should be included.

d. *A lawyer*. The committee should ideally get the expertise of the legal officer of University of Sri Jayewardenepura as a bona-fide member of the ERC committee failing which they should explore the possibility of obtaining the services of a lawyer outside the University as a member.

e. The ERC should be represented by both males and females to achieve adequate representation of both genders.

f. The committee shall elect its chairperson and secretary from among its members.

   Eligibility to be elected to the posts of Chairperson/Secretary of FMS/USJP ERC:

   i. *Chairperson*: A member should have at least two years experience as a member of the FMS/USJP ERC to be eligible to be elected to the post of chairperson.
   ii. *Secretary:* A member should have at least one years experience as a member of the FMS/USJP ERC to be eligible to be elected to the post of secretary.

g. The committee will comprise of at least fifteen (15) and not more than eighteen (18) members.

h. It is not practicable that a committee should include specialists in all fields, medical and allied, that may have a scientific or other input to all the various proposals that may come before it. In appropriate cases, specialist members can be co-opted to review proposals as required.

Co-option

3.3 The committee has the power to co-opt (See 8.13) experts for an individual application or meeting.

Appointments

3.4 The faculty board of the Faculty of Medical Sciences, University of Sri Jayewardenepura shall appoint the Ethics Review Committee members under section 3.1 (a), (c) and (d). The dean/FMS will invite nominees from the dean, faculty of Applied Sciences for members to be appointed under section 3.1 (b).

The appointment of lay members may need wider consultation than the appointment of professional members. It is not the intention to form a committee by inviting and accepting nominations from a range of bodies claiming an interest. It is essential that members should serve on the committee as individuals and not as delegates taking instructions from other bodies or reporting to them. The committee will report to the faculty Board/ FMS in selection of lay member/s.

Duration of membership

3.5 Duration of membership will be for a period of three years. Members are eligible for re-appointment. At the end of three (03) years the committee is reconstituted and the new committee should comprise of at least seven (07) who have a minimum of one years experience as members of previous ERC's to maintain the expertise and to facilitate the efficient functioning of the ERC

Members need time to develop skills of ethics review. This applies especially to lay members who may not be as easily replaced, as are professional members. All members should be provided with training and opportunities to update knowledge of ethical aspects of research.

Replacement of members

3.6 A member can be replaced in the event of death, long-term assignments outside the faculty, for any misconduct deemed unfit for a member or due to continuing absence for ERC meetings [absence for three consecutive ERC meetings without a valid excuse (where a valid excuse is defined as being involved in designated lectures, tutorials, practicals or clinical work in the Faculty or at Colombo South Teaching Hospital and informing the ERC in writing prior to commencement of the ERC meeting for which the member is going to be absent)].

Resignation from the committee

3.7 A member can tender resignation from the committee with proper reasons to do so by informing the Secretary/ERC and the Dean/ FMS in writing. The effective date of resignation will be the date in which the resignation is formally accepted by the Faculty Board of FMS.

Quorum requirements

3.8 A minimum of five (05) members are required for quorum. All decisions should be taken in a properly represented ERC meeting and not merely by circulating and obtaining views regarding submitted project proposals.

Offices

3.9 The chairperson will conduct all meetings of the ERC. If for reasons beyond control, the chairperson is not available, an alternate member nominated by a majority vote from those present will conduct the meeting.
The Secretary is responsible for organising meetings, maintaining records and communicating with all concerned. He/she will prepare the minutes of the meetings and the conduct general correspondence with applicants with the approval of the chairperson.

Administrative support

3.10 The required administrative and secretarial assistance should be made available by the FMS/USJP supported by the dean/FMS.

4. LEGAL RESPONSIBILITIES

4.1 The public will reasonably expect that research involving human subjects be conducted in accordance with the law of the country. It may sometimes be appropriate to ask an investigator to confirm that a study complies with the law. This may involve obtaining legal advice.

The issue of 'duty of care' has not been tested in courts, but the ERC and the FMS certainly owes a duty of care to research subjects that imposes upon them the obligation to take reasonable care to protect their interests. Failure to do so could lead to claims of negligence, although the likelihood of a successful claim against a well conducted ethics review committee is remote.
Claims are likely to come from research subjects who allege they were injured in taking part in a study in which the ERC had failed to identify the risks involved, in circumstances where any reasonable committee would have identified them and insisted either that the subject be appropriately warned or else the research be dropped.

The ERC will carry out its activities as a separate body. But as it is not incorporated and thus has no separate legal personality, it cannot be sued as an entity. Where an allegation of negligence against the committee is proven, then the members will be personally liable on a joint and several basis.

The authority appointing an ethics review committee may be directly liable or vicariously liable for the acts of members of the committee, according to whether they are employees or non-employees. The duty of the FMS probably extends to ensuring proper membership and proper working practices of the ERC.

To receive and cope with a writ, even when issued on a 'catch-all' basis and which may not proceed to courts, is a disagreeable and expensive operation for anyone who cannot turn to a protecting or employing organization. The FMS/USJP should formally agree to indemnify the members of the ERC for loss arising out of the exercise of their function as a member of the committee, including the costs of legal representation and any compensation that may ultimately be awarded to the research subject, to the extent that they are not covered by medical or other protection organisations to which they belong.

Lay members who generously give their time to serve on the ERC are in an exposed position and should accept only an unequivocal agreement with the FMS/USJP. Members should be given this indemnity in their letters of appointment.

PART II: GUIDELINES FOR THE FMS/USJP ETHICS REVIEW COMMITTEE FOR MEDICAL RESEARCH INVOLVING HUMAN SUBJECTS

These Guidelines shall be reviewed periodically by the FMS/USJP Ethics Review Committee and amended when necessary.

Date of last revision : 27.02.2011

5. BACKGROUND

5.1 There are two basic reasons for application of ethical standards in research

(a) Research investigations on human subjects should conform to accepted conventions such as those of the World Medical Association (Declaration of Helsinki and its subsequent revisions), and of the World Health Organization and its associated bodies;

(b) investigators should not be the sole judges of whether their research does so conform.

The practice of ethics review committees is variable due to disagreement about, and sometimes unawareness of, which issues fall within the scope of ethics review.

All medical research is subject to review

5.2 Research involving human subjects raises ethical issues, although the extent and magnitude of this may vary from study to study . All medical research involving humans should be subject to ethics review. Medical research may be conducted on both patients and healthy people. The guidelines of the Royal College of Physicians, UK considers the following as medical research whether conducted by doctors, nurses, paramedical, psychological or community based investigators:

(a) all research involving patients;

(b) some but not all research involving people who are not patients, e.g. drug studies on healthy volunteers and some research on healthy living

*Medical audit is not included as an empirical research process

Knowledge of involvement

5.3 It is the general rule is that people who are subjects of research, whether they be healthy or sick, should be made clearly aware of their position and of the nature of the research. Investigators who propose to depart from this rule should be prepared to justify their procedures before ethics review committees. (See 10.1 & 10.8)

Doctor-patient relationship

5.4 The doctor-patient relationship is based on the belief that the doctor is concerned primarily of the well being and safety of the individual rather than the research outcome. It is essential that the confidence in the doctor is maintained in all interactions. Lack of truthfulness or frankness about research on the grounds, for example, that the research is harmless and that consent need not be obtained because the process of obtaining it will cause 'needless' anxiety, is a breach of the doctor-patient relationship.

6. RESEARCH: DEFINITION AND CLASSES

Definition

6.1 The definition of research continues to present difficulties, particularly with regard to the distinction between medical practice and medical research. The distinction is based on the *intent*. In *medical practice* the sole intention is to benefit the individual patient consulting the clinician, not to gain knowledge of general benefit, though such knowledge may emerge from the clinical experience gained. In *medical research* the primary intention is to advance knowledge so that patients in general may benefit: the individual patient may or may not benefit directly.

Innovative therapy

6.2 When a clinician departs significantly from standard or accepted practice entirely for the benefit of a particular individual patient, and with consent, the innovation need not constitute research, though it may be described as an experiment[1] in the sense that it is new and not validated. But an extension of such an experiment into wider use or general application should be regarded as research. Clinicians should be prepared to justify their innovative therapy both ethically and scientifically.

Type of Research

6.3 Any investigation in humans designed to develop or contribute to general knowledge raises ethics issues, although the degree to which it does so may vary. Because such studies may involve subordination of the immediate interest of the individual participant to the objective of the advancement of knowledge, they should be subject to ethics review.

Classes of research

6.4 There are two major classes of research:

(a) observational research *without any direct interference* with the subject (non-intrusive or non-invasive), such as research involving the use of personal medical records;

(b) research that *interferes with the subject* (psychological intrusion, including intrusion on privacy, or physical invasion). Such interference raises ethics issues.

Both should be subject to ethics review.

6.5 Research may also be classed as:

(a) research which may benefit the individual participant (therapeutic research); and

(b) research that will not or is unlikely to benefit the individual participant (non-therapeutic research).

Whilst the FMS/USJP Ethics Review Committee (ERC) will be concerned with both, it will give close attention to non-therapeutic research.

[1] 'Research' is a systematic investigation to establish facts or principles and knowledge with wide application whereas an 'experiment' is a procedure adopted on the chance of it succeeding.

7. MANDATORY ETHICS REVIEW

7.1 All medical research involving human subjects and animals should undergo ethics review before it starts, in accordance with the principle that investigators should not be the sole judge of whether their research raises significant ethics issues.

Full committee review

7.2 Most projects will require formal review by the full ERC. Ethically minor investigations, where there is no risk of distress or injury, physical or psychological, to the subjects should be the subject of an application but may not require review by the full committee.

Chairperson's review

7.3 The ERC should provide for the Chairperson or deputy, alone or sometimes consultation with another member, to receive the title and the summary of a project and expeditiously issue approval on its behalf, always reporting these approvals to the next meeting of the committee. Where the Chairperson feels that an investigation does pose ethical issues a detailed application should be requested for full committee review (See 8.2).

7.4 Chairperson's approval may be given in circumstances of urgency (e.g. a patient with some rare or ill understood condition), however this will be reported to the full committee as soon as possible (See 8.2).

Wherever there is doubt, an application should go to the full committee.

Medical epidemiology

7.5 Medical epidemiology, though often unobtrusive, should be subject to ethics review. This applies for research in nutrition and the social sciences.

Externally sponsored research

'Externally sponsored research' refers to research undertaken in a host country but sponsored, financed and wholly or partly carried out by an external international or national agency, with the collaboration or agreement of the appropriate authorities, institutions and personnel of the host country.

7.6

(a) The external sponsoring agency should submit the research protocol to ethics and scientific review according to the standards of the country of the sponsoring agency. The standards applied should be no less exacting than they would be in the case of research carried out in that country.

(b) After approval in the country of the sponsoring agency, the FMS/USJP ERC should satisfy itself that the proposed research meets its own ethics requirements.

The ERC has responsibility to determine whether the goals of research are related to the needs and priorities of the host country. In addition, it should ensure that the research is not in conflict with the culture and practices of this country.

Research on the human genome

7.7 The FMS/USJP ERC will follow recommendations made by the HUGO-ELSI Committee[2] report.

The ELSI Committee has based its recommendations on the following four principles:

- *recognizing that the human genome is part of the common heritage of humanity;*
- *adherence to international norms of human rights;*
- *respect for the values, traditions, culture and integrity of participants; and*
- *acceptance and upholding of human dignity and freedom.*

Exemptions from Review

7.8 Ethics review is not required for studies limited to quality control or medical audit provided always that the results of the aggregation or analysis are not made available in a form which identifies the subjects of information. The use of personal medical records without approaching or involving the patients concerned is, in principle, ethically acceptable provided confidentiality and anonymity are preserved.

[2] Human Genome Organization-Ethics, Legal and Social Issues Committee Report to HUGO Council: Statement on the Principled Conduct of Genetic Research.

8. METHOD OF WORKING

Meetings

8.1 The committee will work at regular meetings, except for applications that raise only minor ethics issues. Such applications will be circulated so that comments may be received and the application approved without convening a meeting.

Reasonably frequent meetings are essential for a committee to work. It is unacceptable to work entirely by mail or by Chairperson's decision, even if this decision is later put before a meeting.

Chairperson's approval

8.2 The Chairperson may deal with urgent matters (see 10.25) and with minor applications immediately by 'chairperson's approval', with consultation with another member (see 7.3 & 7.4). These decisions will be reported at the next meeting of the committee.

Sometimes an application for a study that does not in fact require ethics review is put forward because a research funding body has a blanket rule that it will not consider an application unless it is accompanied by evidence of ethics committee approval. Chairperson may give such 'approval'.

Decisions

8.3 Where general agreement is not attainable, a simple majority decision from members present for the meeting should suffice. In the case of an equally split decision, the person chairing the meeting (see section 3.9) will have a second casting vote.

Update

8.4 Relevant publications on general policy and updates will be circulated among the membership.

Adverse decisions

8.5 Although it is rare for a project to be found unacceptable in entirety, it is common for projects to be modified following committee recommendations. If an adverse decision is made the reasons should be given to the applicant in writing. An investigator should be made aware that he is entitled to have an adverse decision reviewed and to make written or oral representations to the committee. In situations of dissent, the ERC might, on the request of the investigator, appoint referees by mutual agreement.

Monitoring

8.6 Even though it is impracticable for a Committee to monitor in detail the ongoing investigations, follow-up is needed so as not to lose contact with the approved investigations. Information on the progress of a project, whether completed,

abandoned (with reasons) or is still in progress in the original form and information on any adverse events should be sought annually by questionnaire.

8.7 Applicants should be informed that adverse events should be reported and that a reprint of any publication arising from the work should be sent to the committee. Where there is no publication, a summary should be provided. (See 8.20 & 9.11)

Sanctions

8.8 Ethics review committees have no power to effect sanctions. An investigator who bypasses or ignores the recommendations of the committee creates a situation, which will make him/her vulnerable to professional disciplinary proceedings. If the ERC is aware that its advice is disregarded or that investigations are being conducted without referral to it, the ERC FMS will report the facts to the FMS/USJP faculty board.

8.9 Where the Committee is dissatisfied with the conduct of an investigation it will withdraw the approval already given and inform the investigator in writing that approval has been withdrawn and this decision would be conveyed to the FMS/USJP faculty board. The investigation, if still in progress, should cease and the investigator shall not thereafter claim that the research has ethics approval.

Reports

8.10 The ERC will send an annual report to the FMS/USJP faculty board. This will include a list of members, number of meetings, any other relevant matters, and a list of approved project titles. This report will be available for inspection by the public on request.
Details of the committee's deliberations shall remain confidential.

Clinical responsibility

8.11 Clinical responsibility for all patients ultimately rests with the consultant / consultants or on the general practitioner caring for the patient. Their agreement should be obtained for research conducted on the patients under care. When a patient is attended by more than one consultant, the consultant who is responsible for the overall care should always be involved with others.

Confidentiality

8.12 Confidentiality of ethics review committee proceedings (as distinct from decisions) should be preserved. Extracts of the minutes of the ERC should be available to the faculty board of the FMS.

Co-option

8.13 In areas of particular difficulty or sensitivity, e.g. research involving the fetus, neonates, cancer, pregnancy and ethnic minorities, it is useful to co-opt additional lay or professional advisers for an individual application or meeting. (See 3.3)

Declaration of interest

8.14 Just as applicants should declare any interest, members of the ERC should declare their interests, for example, where an application relates to testing a product of a company to which the member is an adviser. The Chairperson will decide whether the interest disqualifies the member from the discussion. Where the chairperson has an interest, a vice-chairperson should take his place. (See 13.4)

When the applicant is a member of the ERC, the proposal should be reviewed in the absence of the member whose application is being reviewed.

Accidents

8.15 In the event of a serious accident to research subjects, the ERC should satisfy itself that a proper inquiry is conducted and consider whether the research study should continue.

Access to Ethics Review Committee

8.16 There should be access to the ERC for research subjects who may be dissatisfied. It will be the responsibility of investigators to inform research subjects of this.

Fees

8.17 A small handling charge to cover the administration costs of the ERC will be charged. The Faculty board of MFS/USJP will decide on the amount.

8.18 Members of the ERC shall not be paid and shall not receive any honorarium from anybody with an interest in the outcome of the applications.

Educational activities

8.19 Educational activities in institutions, e.g. student practical classes, may involve administering drugs and other invasive procedures. These, even though not research, should be subject to ethics review and the FMS/USJP ERC may consider applications in this regard. (See 2.1)

Publication

8.20 It is desirable that authors indicate that an ERC has approved their research when publishing their results. (See 8.7 & 9.11)

8.21 It is unacceptable that an investigator should agree to conditions that may prohibit or impair the chances of publication though some delay may sometimes be acceptable. This applies whether the sponsor of the research is a pharmaceutical company or a government department. Any proposed restrictions on publication should be declared to the ERC.

Lay members

8.22 Each lay member must be given a medical dictionary.

PART III: FMS/USJP ETHICS REVIEW COMMITTEE
GUIDELINES FOR RESEARCHERS

9. APPLICATION TO THE FMS/USJP ETHICS REVIEW COMMITTEE (ERC)

Nature of application

9.1 The committee will deal directly with the investigators who are responsible for the subjects of the research.

9.2 The most senior person who takes responsibility for the research should submit applications.

Format

9.3 Applications should be submitted in the required format on the prescribed forms (Downloadable at http://www.fmsusjp.lk/ethics.html).

Language

9.4 All applications must be in English.

Special considerations

9.5 For all studies on hospital patients, the written approval of the Head of the institution is required. Research conducted in the Family Practice Centre of FMS requires written approval of the Coordinator /Family Practice Centre or the Head of the department of Family Medicine.

9.6 All research involving human subjects should have a medically qualified (MBBS or equivalent) person as a co-investigator or an advisor to look into the well-being of human subjects and the person concerned should inform the committee in writing at the time of applying for ERC approval that he/she is willing to join the study in the above capacity. (Note: In the case of liability for any matter regarding the research, the principle investigator bears the ultimate and irrevocable responsibility).

9.7 Where fetal material is used, different information is required to comply with guidelines (see section 14).

9.8 In-vitro fertilization and research on embryos require special consideration (see section 14). The committee should be notified immediately of any serious adverse events or if the study is terminated prematurely.

9.9 Investigators are responsible for consulting with colleagues and/or other groups who may be involved or affected by the research.

9.10 Nurses and other staff should always be made aware that a research ethics committee has approved research in progress on patients with whom they are concerned.

9.11 The hospital pharmacy should know what drugs are being used in the institution, whether on inpatients or outpatients, and should be told of drug studies whether or not it is involved in their supply.

9.12 The committee should be sent a copy of any publication arising from the study within two weeks of publication or a summary of the study within one month of completion of study if there is no publication. (See 8.7 & 8.20)

10. CONSENT TO PARTICIPATE IN RESEARCH

Knowledge of involvement

10.1 Subjects should know that they are involved in research, although it can sometimes be difficult or even impossible, e.g. in community projects, medical emergencies and in mentally handicapped subjects(See 5.3).

Meaning of *consent*

10.2 Potential research subjects are entitled to choose whether or not they will participate in research. Obtaining valid consent (i.e. informed, understood, voluntary) is central to the ethical conduct of clinical investigations. The terms 'valid', 'informed', and 'voluntary' imply that subjects have enough information, in a form that they understand, to enable them to make an autonomous, deliberated (proper) judgment whether or not to participate. The word 'consent' encompasses these requirements, for if they are not met there is no consent. It is unnecessary to use qualifying adjectives and this may even be confusing.

10.3 There is no single preferred method of obtaining and recording consent that is appropriate for all research, but the committee should decide whether sufficient information has been provided, especially about potential risks and discomforts as well as any hoped for benefits, for an adequately informed choice to be possible.

10.4 Where it is proposed to withhold from subjects information that would be of use in making a decision to participate, this should always be fully disclosed to the ERC.

Modes of consent

Written or oral consent

10.5 Healthy volunteers and patient volunteers engaged in non-therapeutic research should give written consent to all but the most trivial procedures, such as measurement of height, weight, and single venepuncture. These minor procedures may be done with a simple explanation (set out in the application form) and an oral response. In therapeutic research, consent procedures should be adapted to suit the circumstances.

Written consent

10.6 Written consent has two protective functions, for both the subjects (who are in no doubt that they are involved in research), and the investigators (which makes them less vulnerable to litigation).

10.7 Written consent in no way reduces the responsibilities of the investigator/s and in itself does not remove the ordinary rights of the subject.

Information to subjects

10.8 Information about the research project should be presented in the form of an information sheet, written in simple language that is easily understood by the potential research subject. It should set out:

- the purpose of the investigation;
- the procedures;
- the risks (including psychological distress) and benefits, or absence of them, to the individual or to other or future individuals or to society;
- a statement that the subjects may decline to participate (without incurring displeasure or any sort of penalty in the case of a dependent relationship, i.e. patient, student, employee) and also will be free to withdraw at any time without giving a reason and without in any way impairing their care; and
- an invitation to ask questions. (See 1.3 & 10.13))

Investigators should be made to understand that approval by an ethics committee should not be referred to in any way that may cause potential volunteers to think that the project is especially recommended or is especially safe.

Consent form

10.9 The subjects must be given adequate time to study the information sheet and to consult their families and their family doctors where appropriate. They may then sign a form that states that the information sheet has been studied and discussed with the investigator and that the subject agrees to participate. A separate information sheet and a consent form is preferable to a single form incorporating all the information. A standard hospital 'consent to treatment' form is not appropriate for obtaining consent to a research project.

10.10 The information sheet for patients and healthy volunteers is an important process of getting consent. It should form a part of the application to the ERC. The committee should exercise discretion as to the mode of consent that is appropriate to the nature of the proposed research.

Minimal risk

10.11 Research procedures are substantial in complexity, time and effort involved, but generally they should not involve more than a minimal risk either to a patient volunteer or a healthy volunteer.

The term 'minimal risk' is used to cover two types of situations. The first is where the level of psychological distress is negligible, although there may be a small chance of a reaction which itself is trivial, e.g. a mild headache, or feeling of lethargy. The second is where there is a very small, remote chance of serious injury or death. This second risk is defined as being comparable to, for example, that of flying as a passenger in a scheduled aircraft.

Exception

10.12 There are some situations, such as treatment for serious disease, where it is ethical for research studies to involve more than minimal risk. These instances should never involve healthy volunteers.

Refusal to participate

10.13 Any fears that the patients might have about adverse consequences of refusal to participate must be allayed. They must be assured that refusal to participate will be accepted without question and that they will be treated as if the matter had not arisen. (See 10.8)

Witnessed consent

10.14 Witnessed consent is especially useful in the elderly and in those who have intellectual or cultural difficulties in speech or understanding, or who are distressed, but who are nevertheless capable of giving consent.

An independent person, e.g. a senior nurse, signs the document stating that the witness was present when the investigator explained the project to the potential subject and that in the witness's opinion consent was given freely and with understanding.

Impaired capacity

10.15 Where capacity to consent is impaired, for example in children, mentally handicapped people and psychiatric patients, special consideration is required (see section 12)

Questionnaires

10.16 A copy of all questionnaires to be used in research must be given to the ERC. The fact that the subject completes the form may be taken as consent.

10.17 Questionnaires may range from the innocuous to intrusive. Some of them may cause distress or resentment if presented to the subject without preparation. For these, it is appropriate to seek the subject's consent prior to offering the questionnaire.

10.18 The ERC should be flexible about consent procedures regarding questionnaires.

Retention of documents

10.19 Copies of consent forms should be kept in the case records and in research records.

Personal medical records

10.20 Using personal records without involving or approaching the patients concerned is, in principle, ethically acceptable provided confidentiality and anonymity are preserved.

10.21 Normally, access to personal medical records for formal protocol based studies should be reviewed by the ERC. However, it need not be concerned with work that involves what amounts to quality control, medical audit or preliminary clinical appraisal. Normal practice regarding access to medical records should be followed. This involves seeking approval of clinicians responsible for the patents or in the case of information abstracted from personal records, the agreement of the custodian of that information.

Where patients having a particular condition are identified by scanning registers and it is planned to approach them with a view to research, this should be done via the patients' personal/attending doctor.

Research without consent

10.22 There are some research activities that the ERC may agree can be carried out without consent of the subject, such as: -

Community research

10.23 Some community research is so non-intrusive that individual consent is not needed. The principle of confidentiality should be preserved.

Grave illness

10.24 In certain situations attempts to obtain consent can be impossible or devastating, for example in unconscious patients, acute grave illness or in those unable to comprehend (see section 12). In all cases the ERC will give close consideration to any proposal to proceed without consent of the subject or that of a close relative or friend, and will satisfy itself that the decision not to seek consent is ethically acceptable.

Other circumstances

10.25 In circumstances of *urgency*, e.g. where the patient is seen with some rare and ill understood condition, the Chairperson of the ERC may act, always referring to the full committee as soon as practicable. (See 8.2)

10.26 Where *incapacity to consent is transient,* explanation to the subject when he is able to receive it is desirable.

10.27 *Blanket approval to withhold information* from all subjects in a study can be justified only in the most exceptional circumstances.

11. HEALTHY (NON-PATIENT) VOLUNTEERS AND PATIENT VOLUNTEERS

11.1 Consent should be sought from both healthy individuals and patients.

11.2 Patients who consent to participate in a research study from which they may or may not benefit should be regarded as *volunteers*. It is recommended to use the terms 'healthy (non-patient) volunteer' and 'patient volunteer'.

Patient volunteers are in a special position due to their illness, sometimes due to their degree of understanding, the possibility of personal gain, and their dependence on the doctor. These factors make it very important to be scrupulous in obtaining consent. Patients, particularly in non-therapeutic research, should realize that rather than seeking help from the doctor, the doctor is now seeking help from them in pursuit of new knowledge.

Recruitment in institutions

11.3 If healthy (non-patient) volunteers are to be recruited in another institution, e.g. students or staff, then a responsible officer of that institution should be approached and approval sought for the recruitment to the project.

This is recommended in-case participation could adversely affect work performance whether through drug action or absence from work.

11.4 If institutions have their own recommendations, e.g. subjects should satisfy themselves that the project they engage in should have approval by an independent ERC etc., the person responsible for the recruitment will have to abide by them.

Advertisements

11.5 Advertisements seeking volunteers, patient or non-patient, should be seen and approved by the ERC. Such advertisements should be restrained in tone and should not overstress payment or ERC approval as inducements.

Dependent relationships

11.6 Subjects, both patient and non-patient, may be in a potential dependent relationship with investigators. Recruiting non-patient subjects, e.g. students, junior medical staff, nurses etc., requires special care. Calling for volunteers in institutions is best done in groups, or by notices, rather than by direct individual approach.

12. SPECIAL CLASSES OF RESEARCH

Research involving children

12.1 It may be appropriate to give medical treatment to unwilling children if the parent or guardian gives consent however, the same position is not necessarily true for research. The guidelines published by the British Paediatric Association in 1980 and the guidelines issued by the WHO/CIOMS should be adhered to. (See 10.15)

12.2 Children should not be the subjects of research that might equally well be carried out in adults. However, their participation is indispensable for research on diseases of childhood and conditions to which children are particularly susceptible. The consent of the parent or other legal guardian, after full explanation of the aims of the study and of the hazards, discomfort or inconvenience, is always necessary.

12.3 To the extent to which it is feasible, which will vary with age, the willing cooperation of the child should be sought, after he/she has been openly informed of any possible discomfort or inconvenience. Older children may be assumed to be capable of giving informed consent, preferably with the consent of the parent or legal guardian.

Children should in no circumstances be the subjects of research holding no potential benefit for them unless with the objective of elucidating physiological or pathological conditions peculiar to childhood or infancy, or of providing potential benefit to the family, and where it involves no more than minimal risk.

Research involving pregnant and nursing women

12.4 The WHO/CIOMS guidelines should be adhered to. They advise that no special problems of eliciting consent exist in the case of pregnant and nursing mothers. However, they should in no circumstances be the subjects of non-therapeutic research that carries any foreseeable risk to the fetus or neonate, unless this is intended to elucidate problems of pregnancy or lactation.

These guidelines also state '*that therapeutic research is permissible only with a view to improving the health of the mother without prejudice to the fetus or nursling, to enhance the viability of the fetus or to aid the nursling's healthy development. The ERC may also approve research benefiting the mother, in which the possibility of fetal loss cannot be excluded, if it feels that such research is justifiable.*

12.5 The possibility of effects on the fetus should be addressed in the patient information sheet in all research involving pregnant females, and where there is risk of loss of the fetus, the ERC will subject these proposals to close scrutiny .

Research involving mentally ill and mentally handicapped people

12.6 The WHO/CIOMS guidelines and the Royal College of Psychiatrists Guidelines for ethics of research committees on psychiatric research involving human subjects should be adhered to. (See 10.15)

The WHO/CIOMS guidelines state *'the mentally ill and mentally handicapped should never be the subjects of research that might equally well be carried out in adults in full possession of their intellectual faculties, but they are clearly the only subjects available for research into the origins and treatment of mental disease or disability'.*

The guidelines also state that the agreement of the immediate family -- whether spouse, parent, adult offspring or sibling -- should be sought, but this is sometimes of doubtful value, especially as mentally deranged or handicapped patients are sometimes regarded by their families as an unwelcome burden. Where a subject has been committed to an institution by a court order, it may be necessary to seek legal action before involving the subject in experimental procedures.

12.7 Many people who are mentally ill or mentally handicapped are competent to understand the implications of research and to make up their own minds whether they wish to participate. However, the question is difficult where the competence is in doubt or is clearly impaired**.**

Research involving unconscious or acutely ill patients

12.8 The problems are similar to those described previously but in some cases, e.g. treatment of acute cardiac emergencies, the question of what, if anything, the patient or family should be told arises later. The ERC should advise on this.

Community based research

12.9 The guidelines set out by the WHO/CIOMS should be adhered to.

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The Guidelines state that when research is undertaken on a community basis individual consent on a person-to-person basis may not be feasible, and the ultimate decision to undertake the research will rest with the responsible public health authority.

12.10 All possible means should be used to inform the community concerned of the research, the expected advantages and any hazards or inconveniences. If feasible, dissenting individuals should have the option of withholding their participation. Whatever the circumstances, the ethics considerations and safeguards applied to research on individuals must be translated, in every possible respect, into the community context.

Multicentre studies

12.11 These are organized by a central body that addresses the ethics issues. Whether they should then be submitted to an ethics review committee in each centre, or whether it is best that a single ethics review committee such as that of the FMS/USJP should review the proposed research study needs to be addressed. (See 2.6)

It is undesirable that one centre should reject/modify the project proposal and multiple submissions are a cumbersome and probably unnecessary exercise.

Use of discarded tissues for research

12.12 Anonymous use of tissues genuinely discarded in the course of medical treatment and of tissues removed at surgery or autopsy for research purposes, is a traditional and ethically acceptable practice in clinical medicine that does not need consent from patients or relatives and need not be submitted to an ERC.
Fetal tissue is subject to special guidelines (see 14).

12.13 Companies interested in purchasing such human materials may approach hospitals or health authorities. The ERC may respond reasonably to a request to advise on the ethics conduct of such sales considering them as bordering upon research and medical practice. Patients' individual consent need not be sought. Money received should pass to the health authority and there should be no personal gain to the staff involved (except where the employer provides it).

Research involving HIV testing

12.14 HIV testing involves particular problems and the protocol contained in the circular number 4521 issued by the Director General of Health Services of Sri Lanka should be followed. The ERC will examine research proposals necessitating HIV testing particularly closely and develop guidelines to replace this article, if that is necessary.

13. PAYMENTS

Subjects

13.1 The ERC should be informed in writing of all proposed payments to research subjects. It should be satisfied that they are reasonable and not so large as to induce subjects to take risks which they would otherwise not take, nor to volunteer against their better judgment or more frequently than is advisable for their own good. This applies to volunteer patients as well as to healthy volunteers who may undertake extra activities or attendance that are therapeutically unnecessary. Payments to patients will be especially closely scrutinized by the ERC.

Acceptance of payments does not impair the rights (legal and ethics) of subjects.

13.2 Reimbursement of patients' expenses, e.g. for travel, is not payment in the sense of reward, and will be permitted.

Investigators, departments and institutions

13.3 Personal payments, both the amount and nature, paid to investigators and their pecuniary relationships with any sponsoring company should be reported to the ERC or designated representatives (i.e. Chairperson and another member) as they have ethics implications. The same applies to payments to departments and to institutions by a pharmaceutical company or a contract research company.

Declaration of interest

13.4 Personal involvement in a company is also an interest that should be declared. (See 8.14)

Improper inducements

13.5 The ERC will examine closely all financial arrangements; particularly where there may be an element of inducement to recruit patients, e.g. through per capita payments to investigators.

The General medical council of UK provides examples of 'inducements which may be regarded as improper.'

- *'Clinical trials of drugs- It may be improper for a doctor to accept per capita or other payments from a pharmaceutical firm in relation to a research project such as a clinical trial[3] of a new drug, unless the payments have been specified in a protocol for the project which has been approved by the relevant ethics committee. It may be improper for the doctor to accept per capita or other payments under arrangements for recording clinical assessments of a licensed medical product, whereby he is asked to report reactions which he has observed in patients for whom he has prescribed the drug, unless the payments have been specified in a protocol for the project which has been approved by a relevant ethics committee. It is improper for a doctor to accept payment in money or kind that could influence his professional assessment of the therapeutic value of a new drug.'*

[3] This includes studies on healthy volunteers.

- ‘Gifts and loans’. ‘It may be improper for an individual doctor to accept from a pharmaceutical firm monetary gifts or loans of expensive items of equipment for his personal use.’

14. RESEARCH INVOLVING FETUSES, FETAL MATERIAL, IN VITRO FERTILISATION AND EMBRYOS

Fetuses and fetal material

14.1 The ERC will follow the recommendations made in the Polkinghorne report i.e. The Review of the guidance on the research use of fetuses and fetal material (Polkinghorne Report). Cm 762. HMSO, London 1989.

In vitro fertilization and embryos

14.2 For procedures relating to in-vitro fertilization and embryos the ERC will follow the regulations of the Warnock Committee (Report of the Committee into inquiry into human fertilization and embryology (Warnock Report).

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