BIOETHICS

Panel Faults Research Consent Process

A $5 million hunt through old files for signs of medical misconduct ended this week when a presidential panel handed in a 925-page report on radiation experiments conducted in the Cold War era. The exhaustive, 18-month inquiry confirmed that there had been serious ethical lapses, but turned up few surprises and few indications that U.S. citizens were physically harmed. President Clinton responded on 3 October by pledging to have the government review experiments that put people at risk and compensate the families of those who were wronged. He also promised to review federal oversight of current biomedical research and created a new, independent National Bioethics Advisory Committee to help guide the government in controversial areas.

The creation of the panel had been anticipated (*Science*, 29 September, p. 1807), but clinicians will find another message in the report that they may not have expected. It recommends that local review boards take a closer look at patient consent forms and weigh not just safety and ethics but also the scientific justification for projects involving human experimentation.

The report of the Advisory Committee on Human Radiation Experiments, chaired by ethicist Ruth Faden of Johns Hopkins University—whose inquiry was triggered by a series of shocking newspaper articles in 1993–94—focused on studies of ionizing radiation conducted between 1944 and 1974. And it noted that some government-sponsored studies had robbed vulnerable patients of their dignity, even when there is no evidence of physical harm. That was the case in notorious experiments during the 1940s in which doctors injected two dozen unwitting cancer patients with plutonium to learn what might happen to servicemen exposed to radiation in the line of duty.

The number of subjects who may have been harmed, the report says, was in the tens, not the tens of thousands suggested in some media reports, a finding that reassures some ethicists. "We are greatly relieved" at the numbers, says Gary Ellis, chief of the Office for Protection Against Research Risks, overseer of ethics at the National Institutes of Health (NIH) and of 3500 local review panels around the nation.

But the Faden panel didn't limit its critique to problems of the past. It also looked at ongoing biomedical research and found "evidence of serious deficiencies" in the current system (created in 1974) to protect human subjects. It based this conclusion on two quick surveys: a review of 125 randomly selected protocols for ionizing radiation studies from 1990 to 1993 and random interviews with 1900 patients in outpatient clinics. The committee found that patient consent forms often didn't jibe with descriptions of the same research in grant proposals. The version given to patients "appeared to overstate the therapeutic potential," the report says. The committee also felt that consent forms failed to distinguish between therapy and research and often gave patients too much technical information.

After reviewing these documents, one panel member—Jay Katz, a professor emeritus of law at Yale University—wrote an independent statement that was even more critical than that of the full panel. Katz was "stunned" by the extent of "obfuscation" in consent forms. He concluded that the government needs to create a new, "authoritative and highly visible body" to protect the rights of patients.

The full panel didn't go this far, but it did suggest a few reforms. It recommended that institutional review boards (IRBs)—small panels that meet at medical institutions around the country to screen and approve clinical studies—focus on big risks, try to handle routine issues more rapidly, and be certain that patients understand that they may not personally benefit from the treatment they receive. IRBs, it said, should ensure that patients realize that participating in research may at times bring more discomfort than benefit; that they always be told the sponsor and the purpose of research; and that they clearly understand the financial implications of participating (insurance often won't pay for experimental treatment). Finally, the panel said that IRBs should examine the scientific quality of all research proposals. "If the science is poor, it is unethical to impose even minimal risk or inconvenience on human subjects," the report says.

The NIH's Ellis says, "We are in complete agreement" with the recommendation that IRBs examine the quality of studies more closely. "Bad science," he says, "is bad ethics." But Ellis did not foresee any immediate change in the working of IRBs.

–Eliot Marshall

BIOETHICS

Waivers Proposed for Emergency Studies

Guy Clifton, chief of neurosurgery at the University of Texas, Houston's, medical school, ran into a roadblock last year in his efforts to determine the effectiveness of a new treatment for severe head injuries. Clifton wanted to learn whether chilling the patient's body in trauma cases might help prevent brain damage by stopping the biochemical processes that follow severe brain injury, causing additional damage. But his project was getting stalled because rules on informed consent—which require that subjects give their consent in advance—made it hard to enroll patients. Clifton says candidates for his hypothermia trial were unable to communicate. And family members who might have given consent by proxy were available only about half the time.

DAVID YORK/MEDICHROME

Fast track. New rule permits some research on emergency cases without prior consent.

After 10 months, Clifton had enrolled only 65 patients, although his plan called for a total of 500. Realizing it would take years to complete the trial, Clifton sought a waiver of informed consent from his funding source, the National Institutes of Health (NIH). Because he was persistent and armed with good data, Clifton says, officials at NIH and its parent organization, the Department of Health and Human Services (HHS), granted the waiver.

Now a new rule proposed by the FDA on 21 September may make it easier for other physicians to obtain waivers for similar studies. The FDA intends to loosen regulations that apply to research in its jurisdiction on medical emergency cases, and officials at HHS and NIH are planning to do likewise. The secretary of HHS is expected to issue an administrative waiver to match the FDA's final rule, so that all biomedical research will be held to the same standard. Mary Pendergast, FDA's deputy commissioner, says the reform would affect about 30 projects a year and that about six are already awaiting clearance.

This proposal "is of monumental importance," says Arthur Caplan, a bioethicist at the University of Pennsylvania. Although Caplan regards the informed consent rule as the "central dogma" of his field, he thinks the