

# Ethical issues in research with human volunteers: Preventive HIV Vaccine Trials

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SOUTH AFRICAN AIDS VACCINE INITIATIVE

# Aims & objectives

- To present ethical principles & requirements for health research with human volunteers
- To discuss their application to trials of preventive HIV vaccines in South Africa
- To create a discussion forum

# SAAVI

- South African AIDS Vaccine Initiative (SAAVI):
  - To develop safe affordable and locally relevant HIV vaccines and to coordinate this process
- Main focus activities of SAAVI are:
  - Candidate vaccine development
  - Vaccine evaluation and immunology
  - Clinical trials
  - Education, human rights & mobilization
  - Ethics research and training

See SAJS (2000) Vol 96, 318 - 351

# Clinical trials of HIV vaccines

- Pre-clinical tests: Is this vaccine safe? promising?
- Phase 1: Is this vaccine safe in humans?  
(18 months; smaller numbers of participants at lower risk of HIV)
- Phase 2: Does this vaccine produce the desired immune responses?  
(24 months; larger numbers)
- Phase 3: Is this vaccine effective? Does it prevent HIV infection or disease progression ?  
(36 months +; with large numbers of participants at higher risk of HIV infection)
- Randomized, placebo controlled, double blinded

# What is the role of ethics in research with human subjects?

- The objective of clinical research:
  - To develop generalizable knowledge to improve health and/ or increase the understanding of human biology
  - The aims of research are a recognized good, but research has the potential to treat participants as just “means to an end”
- The aim of ethics is:
  - To ensure that participants are treated with dignity and respect
  - While they contribute to the social good

# What is the role of ethics in research? cont'd

- Ethics aims to:
  - Protect participants from harm
  - To promote their welfare
  - acts to restrain science
- However, ethics also promotes good science as participants who feel respected may:
  - Follow research requests
  - Answer truthfully
  - Return for follow up
  - Therefore increasing the quality of the data

# What are the key principles in research ethics?

- NON-MALEFICENCE: “Do no harm”:
  - There should be no intentional injury or harm to participants as a result of participation
- BENEFICENCE:
  - Minimize potential harms & maximize expected benefits of the research (Certain research bears no direct benefit for the participant, but benefits to society)
- RESPECT FOR AUTONOMY: “Self-rule”:
  - Respect freedom of thought & action
  - Take special measures to protect the vulnerable or those with no capacity to choose

# What are the key principles in research ethics cont'd?

- JUSTICE: Fair balance of risks and benefits
- Those who stand to benefit from research must contribute to its risks and discomforts
  - No group of persons should bear more than their fair share of the *burdens* of research; No group should be asked to bear research risks so that other groups enjoy benefits (knowledge/ products)
  - No group should be deprived of fair access to the *benefits* of research; No group should be unfairly excluded from research, as this denies them relevant knowledge/ health interventions



# What makes research ethical?

The requirements for ethical research:

- 1 Social value
- 2 Scientific validity
- 3 Fair selection of participants
- 4 Favorable risk – benefit ratio
- 5 Independent review
- 6 Adequate informed consent
- 7 Ongoing respect for dignity (confidentiality)
- 8 (Community participation)

Emanuel, Z, Wendler, D and Grady, C (2000) "What makes clinical research ethical?" JAMA, 283, 2701 – 2711

# What makes research ethical?

## 1. Social value & 2. Validity

1. Social value: Society should gain important generalizable knowledge
2. Validity: Research must also be well designed and conducted
3. Why? Research that is of no benefit to society or is poorly designed & conducted exposes subjects to risks and inconvenience for no purpose

# What makes research ethical?

## 3. Fair choice of participants

- Participants should be chosen for participation fairly:
- 1) Selection should be based on scientific goals
  - not convenience or vulnerability
- Eligibility criteria for HIV vaccine trials
- Complexities:
  - Later efficacy trials of HIV vaccines, eligibility to participate includes *higher risk of HIV infection*
  - High risk may be linked to vulnerability; due to a range of factors (e.g. limited access to health care, socially stigmatized activities etc)

# What makes research ethical?

## 3. Fair choice of participants

- Obligations of investigators:
  - To justify why vulnerable groups are involved; and what safeguards will be taken to offset specified vulnerabilities
- 2) Individuals and communities should be chosen so that burdens and benefits are fairly distributed:
  - The burdens of HIV vaccine research should be distributed fairly among various populations
  - Those who bear the burdens should access the benefits:
    - Early trials = knowledge; later trials = products
    - SAAVI: Access; negotiated price controls

# What makes research ethical?

## 4. Favorable risk- benefit ratio

- The potential risks to individual participants must be identified and minimized
- The potential benefits of the research must be identified and maximized
- The potential risks to individual subjects should be *outweighed* by the benefits to the individual or society
- “Favorable risk-benefit ratio”

# What makes research ethical?

## 4. Favorable risk-benefit ratio

- What are some of the potential risks of HIV vaccine trial participation?:
  - Physical side effects
  - False sense of security and possible increased risk behaviour
  - Trial related stigma
  - Exclusion from other HIV vaccine trials

Allen, M et al (2002). Trial related discrimination in HIV vaccine clinical trials. *AIDS research and human retroviruses*, 17, 667-674

# What makes research ethical?

## 4. Favorable risk-benefit ratio

- Vaccine induced sero-positivity:
  - It is hoped that candidate vaccines will induce an immune response in volunteers, including the production of antibodies against HIV
  - A “positive” response could be produced from a standard HIV test that only looks for antibodies against HIV. *This will only happen if the test seeks antibodies for the same proteins found in the HIV vaccine*
  - Potential for negative consequences

# What makes research ethical?

## 4. Favorable risk-benefit ratio

- What are risk minimization measures that should be undertaken?:
  - Ongoing monitoring for effects
  - Risk reduction counselling (optimal)
  - Counselling around negative consequences (e.g. stigma) of disclosure
  - Provision of support counselling
  - Differential testing: antibody response and natural infection; ID card; psycho-legal support; advocacy

Grady, C (1994). HIV preventive vaccine research: Selected ethical issues. *Jnl of Medicine & Philosophy*, 19, 595 – 612;

Chesney, M et al., Strategies for addressing social & behavioural challenges in HIV vaccine trials. *Jnl of Acquired Immune Deficiency Syndrome & Hum Retrovir* 9, 30– 35.



# What makes research ethical?

## 4. Favorable risk-benefit ratio

- What are expected benefits of HIV vaccine trials?:
  - Determining safety, immunogenicity, or efficacy of candidate HIV vaccines for South Africa
  - Access to counselling and interventions to reduce risk of HIV infection
  - Access to medical monitoring and care

# What makes research ethical?

## 4. Favorable risk-benefit ratio

- The potential risks to individual subjects should be outweighed by the benefits to the individual or society:
- Who decides this?
  - Research ethics committees at every participating institution
  - Participating communities via establishment of representative participatory structures
  - Each and every individual via informed consent

# Debate: Minimizing risk of HIV infection

- What complexities exist in phase III efficacy trials for risk reduction?
  - Phase III trials aim to assess if vaccines can prevent HIV infection, by comparing rates of infection in vaccinated and non-vaccinated groups
  - Determinations of efficacy rest on the exposure of a proportion of participants to HIV
  - Simultaneously, researchers have to minimize potential harms and provide participants with risk reduction counselling. This should be optimal
  - Potential conflict of interest?

Ijsselmuiden, CB (1995) Ethical aspects of HIV vaccine research. AIDS Bulletin, 4, 13-16

# Debate: Maximizing benefits: Access to treatment

- In all phases of HIV vaccine trials some participants may become infected with HIV, despite risk reduction measures:
- Ensuring access to treatment:
  - Are investigators and sponsors obligated to ensure access to treatment for volunteers who become HIV infected?
  - At what level e.g. access to Antiretroviral Treatment (ART) ?

Guenter, Esparza & Macklin (2000). Ethical considerations in international HIV vaccine trials: Summary of a consultative process conducted by UNAIDS. *Jnl of Medical Ethics*, 26, 37-43,

# Debate: Maximizing benefits: Access to treatment cont'd

## Arguments:

- Potential for distorted belief in efficacy of the experimental vaccine (“therapeutic misconception”) false sense of security & “behavioural disinhibition”
- Favourable balance of risks and benefits
- Justice considerations: Equity for participants from sponsor and host countries; obligations to proactively reduce inequities in health care

Schüklenk, U. (2000). Protecting the vulnerable: testing times for clinical research ethics. *Social Science and Medicine*, 51, 969-977. Schuklenk U, Ashcroft RE. International Research Ethics. *Bioethics* 2000; 14: 158-172; Reider Lie (1998). Ethical issues in clinical trial collaborations with developing countries with special reference to preventive HIV vaccine trials with secondary endpoints. <http://www.ethica.uib.no/who.pdf> ; Harris, J (1998) ‘Ethical Implications of Phase III Clinical Trials of HIV Vaccines: Justice issues : burdens, benefits and availability’ Working Paper for UNAIDS. Geneva: UNAIDS

# Debate: Maximizing benefits: Access to treatment cont'd

- Best proven or “highest attainable”
- Considerations
  - Undue inducement
  - Research related inequities in health care

Benatar, S & Singer, P. (2001). A new look at international research ethics. *BMJ*, 321, 824-826.  
London, AJ. (2001). Equipoise and international human subjects research. *Bioethics*, 15 (4), 313-332. Also Bloom, B (1998) The highest attainable standard: Ethical issues in AIDS vaccines. *Science*, 297, 186-188

# What makes research ethical?

## 5. Independent review

- Researchers operate at the interface of multiple obligations and interests:
  - Undertake research, acquire funding, further careers, protect human subjects
  - Can potentially bias how researchers perceive their research designs and conduct research
  - Therefore review by committee “at arms length”
  - To ensure that participants are protected and welfare promoted (1, 2, 3, 4, 6, 7)

# What makes research ethical?

## 6. Informed consent

- Informed consent:
  - The right to choose freely whether or not to participate based on an understanding of all relevant information
  - Ensures that participants will only take part if the research is consistent with their interests, values and preferences (autonomy)
- See Emmanuel, Z, Wendler, D and Grady, C (2000) “What makes clinical research ethical?” JAMA, 283, 2701 – 2711



# What makes research ethical?

## 6. Informed consent cont'd

Components:

- 1 Disclosure of information
- 2 Comprehension or understanding
- 3 Voluntariness or freedom
- 4 Capacity to consent
- 5 Explicit formal consent

In HIV vaccine trials, consent is also staged:

- Screening
- Enrollment
- HIV testing

# What makes research ethical?

## 6. Informed consent cont'd

- 1 Information
- Participants must be informed of the following:
  - Aims, duration
  - Methods (e.g. randomization, placebo, blinding)
  - Practical aspects (VCT, tests, visits etc)
  - Potential risks (e.g. trial related stigma)
  - Expected benefits (e.g. counselling)
  - Right to withdraw
  - Confidentiality (and limits if any)
  - Personal implications

# What makes research ethical?

## 6. Informed consent cont'd

- What complexities exist?
  - Transmission of complex information, compounded by language differences, translation
  - Information transmission typically viewed as a one way process
  - Determinations of “what” must be transmitted?

See Lindegger, G & Richter, L (2000) HIV vaccine trials: Critical issues in informed consent. SAJS, 96, 313-318

# What makes research ethical?

## 6. Informed consent cont'd

- 2 Comprehension
  - Disclosure is not sufficient
  - Understanding must be ensured and tested
- What complexities exist?
  - Social desirability: Tendency to act to avoid disapproval - impacts on reported understanding
  - Over-emphasis on understanding of technical aspects (e.g. placebo)
  - Understanding of personal implications ?
  - “Tests of understanding”: May emphasize technical aspects, may rely on ST memory

# What makes research ethical?

## 6. Informed consent cont'd

- Researchers and counsellors can enhance comprehension by:
  - Creating an optimal environment for decision making (“consent counselling”)
  - Ensuring use of counsellors with “values match” to potential participants
  - Encouraging dialogue; discussion with family
  - Allowing time to reflect
  - Sensitivity to process aspects of counselling (e.g. social desirability, non-verbal cues)
  - Multiple methods of assessing comprehension

# What makes research ethical?

## 6. Informed consent cont'd

- 3 Voluntariness
- Participants must be free to choose whether or not to participate:
  - Free of coercion (threat of negative sanction)
  - Undue influence (incentives that are so large that cause prospective participants:
    - To expose themselves to risks they would otherwise consider unacceptable; or
    - To ignore or devalue concerns about risks
- Complexities? Vulnerability of potential participants

# What makes research ethical?

## 6. Informed consent cont'd

- Researchers can promote participant's freedom by:
  - Adequate assessment of specific vulnerability factors
  - Commitment to offsetting these, e.g:
    - Education to offset lack of familiarity with research
    - Avoiding excessive payment to offset impoverishment
  - Providing participants with ways to voice concerns and monitor the impact of participation
    - CABs; trial site counsellors

# Debate: Informed consent & culture

- Is it appropriate to secure first person informed consent (IC) in some cultural contexts?
  - Can legitimate parties (husbands/ traditional leaders) give proxy consent?
- First person IC = best safeguard against exploitation
  - Therefore substantive principle must apply
- Demonstrate respect for multi-person involvement
  - In procedural implementation of consent
    - Endorsement of community leader to enter community;
    - Respect participant's choice to involve others

Ijsselumuiden, C & Faden, R (1992). Research and informed consent in Africa: Another look. *N Engl Jnl Med*, 326, 830-834, Also Lindegger & Richter (2000) *SAJS*, 96, 313-8



# What makes research ethical?

## 7. Respect for dignity

- Once enrolled, researchers should respect the dignity of participants in an ongoing manner by:
  - Respecting their right to withdraw at any time (consent is “revocable”)
  - Monitoring their welfare throughout the research (ongoing “social harm” monitoring)
  - Informing volunteers of research results
  - Respecting confidentiality of freely volunteered data

Allen, M et al (2002). Trial related discrimination in HIV vaccine clinical trials. AIDS research and human retroviruses, 17, 667-674

# What makes research ethical?

## 8. Community participation

- Why community participation?
  - Right and responsibility to participate in HIV vaccine development activities
  - Can offset potential vulnerabilities
- What are the mechanisms?
  - Include the formation of a Community Advisory Board (CAB)
- What possible roles?
  - Includes inputs to design (e.g. IC)
  - Advising on cultural conventions, expectations;
  - Evaluating impact of the research

# Community participation cont'd

- What are the benefits of community participation?
  - Enhanced cultural appropriateness
  - Increased acceptability of the research to the participating community
  - Fairness regarding important decisions (e.g. adequate incentives)
  - Sound bi-directional information exchange
- In preparation for HIV vaccine trials in South Africa community structures are being formed at sites

# Community participation cont'd

- What are the complexities?
  - Defining community: which stakeholders and interest groups must be represented?
  - Difficulties in ensuring representation of such groups
  - Defining “participation” (Recipients of education full and equal partners)
  - Determining what “participation point” on the research continuum? (Protocol development dissemination of results)

# Summary: Ethical issues in HIV vaccine research

- The ethical considerations in HIV vaccine research apply to other research with human subjects, especially:
  - International collaborative research
  - HIV prevention research
  - Research with potentially vulnerable participants
- Complex risk-benefit determinations & potentially vulnerable participants require careful review, involved communities and sound consent procedures

# HIV AIDS Vaccines Ethics Group

- To raise awareness and build the ethical capacity of various stakeholders
- To research ethical aspects of clinical trials, with specific attention to informed consent
- To co-ordinate the development of ethical guidelines in collaboration with national ethics structures
- To examine behavioural aspects of HIV vaccine trials
- To support ethical trials in Africa through the African AIDS Vaccine Program

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