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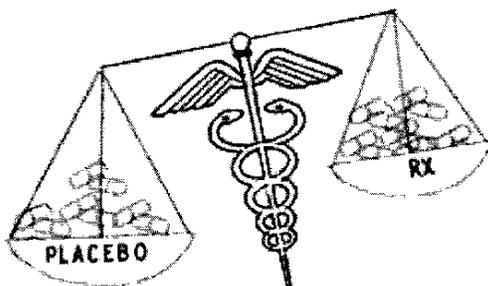
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Research Relativism Is It OK to Treat Human Subjects Differently in Developing Nations?

By Jonathan D. Moreno, Ph.D.
Special to ABCNEWS.com



Giving sugar pills or other placebos to sick experimental subjects would speed up research, but some say it wouldn't be fair to patients. (ABCNEWS.com)



THE DILEMMA

Do ethical rules in science research apply everywhere? Or can adjustments be made according to local circumstances, especially in poor countries? This knotty problem is currently being debated by the World Medical Association, which is revising its Declaration of Helsinki, one of the most important international guides for ethical

research.

Normally, when sick people are brought into an experiment that involves a possible new treatment for their disease, they are given at least the standard treatment for the illness. In that case, they would be in the "control" group, while others, in the "experimental" group, receive the new treatment. Before the study begins, scientists must be unsure which treatment is better, the standard or the experimental. To prevent bias, neither the doctors nor the volunteers know which subjects are in which group.

A proposed revision in the Helsinki Declaration would permit researchers to give members of a control group no treatment or a placebo — perhaps a useless sugar pill — rather than the standard treatment for the illness. Reformers say this change is necessary because in many developing countries the "standard" treatment is too expensive and hardly anybody gets it anyway. Under the current rules it would be unethical not to give the standard treatment that is available in wealthier countries, even if it would not normally be available to research subjects or any other patients in the developing nation.

THE PROS

Those who support the change in the Helsinki Declaration argue that it will prompt much needed research in developing countries. Local governments often want to find less costly therapies than are available elsewhere, and the current rules might discourage that research.

The kind of treatment available in the United States and Europe, such as AZT for AIDS, is costly and complicated to provide. Also, many argue that studies with

SUMMARY

The World Medical Association's change in ethical standards for human subjects in developing nations.

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placebos provide "cleaner" and quicker data, thus benefiting the people in those countries much more quickly than studies that compare standard and experimental treatments.

THE CONS

Opponents point out that the first obligation of the researcher is to the individual volunteer. The inadequacy of local health care is not sufficient excuse to take advantage of sick research subjects for someone else's good, they say.

Lowering the ethical bar in developing countries could also encourage drug companies to exploit vulnerable people since they will be able to do cheaper and more efficient research in countries where standard health care is the worst.

HOW WOULD YOU DECIDE?

Do you think the World Medical Association should change its ethical guidelines to accommodate conditions and health-care resources in developing nations? Should the medical research standard be universal or relative to local conditions? ■

To read more about Dr. Moreno and his colleagues, visit the Web site of the University of Virginia's Center for Bioethics.

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