Lessons from the latest public health emergency

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Inspiring Innovation and Discovery

CoI Declaration

- CIHR funded research
- Johnson Family endowed Chair
- Member of WHO Ethics and Ebola Working Group
- Member of the MSF Ethics Review Board

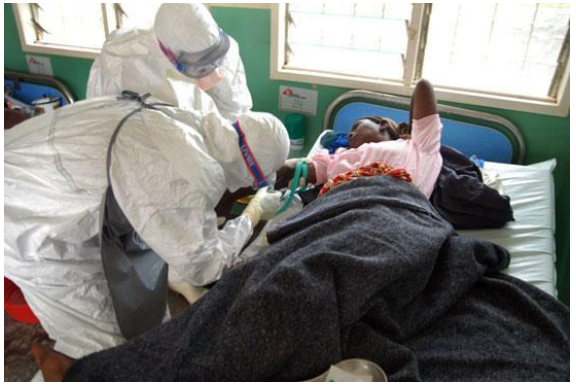
WHO advisory panel on ethics
August 11, 2014

- It would be acceptable on both ethical and evidential grounds to use as potential treatments or for prevention unregistered interventions…
- Provided that two conditions are met:

1. Ethical and scientific criteria must guide the use of unregistered interventions.
2. Maximum information [must be] obtained about the effects of the interventions

October 2014: ethical issues related to study design for EVD trials

- Innovative or non-traditional methods proposed as contextually and pragmatically acceptable alternatives to (placebo)RCT.
- Multiple clinical studies proposed and implemented in the EVD affected regions.



October 2014: ethical issues related to study design for EVD trials

To what extent it has been possible for EVD research to harmonize with the WHO panel conditions or internationally accepted guidance on ethics in human research (eg Helsinki) **is unknown**.

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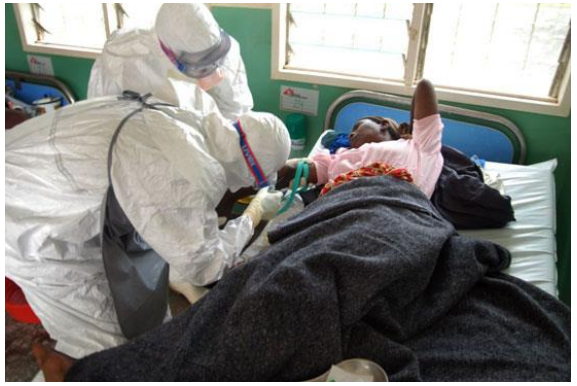


Lessons for research ethics

- During the SARS outbreak in 2003: the importance of timely responses in research ethics review.
- During the Ebola outbreak in 2014-15: ethical research requires non-traditional approaches and innovative techniques that research ethics oversight must be prepared to adjust to and anticipate.

Consultation on Potential Ebola Therapies and Vaccines (4-5 August 2014)

- "The recipients of experimental interventions, locations of studies, and study design should be based on the **aim** to **learn** as much as we can as **fast** as we can without compromising patient **care** or health worker **safety**, with active participation of **local** scientists, and proper consultation with communities."

("Statement on the WHO Consultation on Potential Ebola Therapies and Vaccines": http://www.who.int/mediacentre/news/statements/2014/ebola-therapies-consultation/en/)

What the clinicians want

- “The rapid development and deployment of safe and effective experimental treatments is also critical”, said Dr Draguez. “Today, doctors and nurses involved in the struggle against Ebola are getting more and more frustrated as they have no treatment for patients with a disease that kills up to 80% of them.”

(Dr Bertrand Draguez, Medical Director for MSF Oct 24, 2014)

What is the goal?

Treat

- Individual
- Humanitarian/Clinical

Control

- Community
- Public health

Learn

- Greater good
- Research

Ethical issues related to study design for trials on therapeutics for Ebola Virus Disease

WHO Ethics Working Group 20-21 Oct, 2014

The term "**m**onitored **e**mergency **u**se of un**r**egistered and experimental **i**nterventions (MEURI)" should be used in this case instead of "compassionate use" …

Special context? Special Features?

The WHO's 2010 document identified numerous special features of epidemics to which research & governance must be responsive.

- Altered perception of risk, benefit & trust in population and health workers
- Heightened need to attend to accountability & other organizational values
- Timely generation of knowledge required
- Tension/confusion of public health & research ethics makes it hard to distinguish research from practice

21 U.S. Code § 360bbb - Expanded access to unapproved therapies and diagnostics

"(b3) the Secretary determines that provision of the investigational drug or investigational device will not interfere with the initiation, conduct, or completion of clinical investigations to support marketing approval;"

Health Canada's Guidance Document for Industry and Practitioners - Special Access Programme for Drugs

- Canada's Special Access Program (SAP) emergency access is granted not only
  - concurrently to a clinical trial
  - in the absence of a clinical trial
- recommend alternative mechanisms to SAP, such as clinical trials;
- encourage the exchange of information about drugs released through the SAP between manufacturers, practitioners and the SAP

Governance in crisis situations

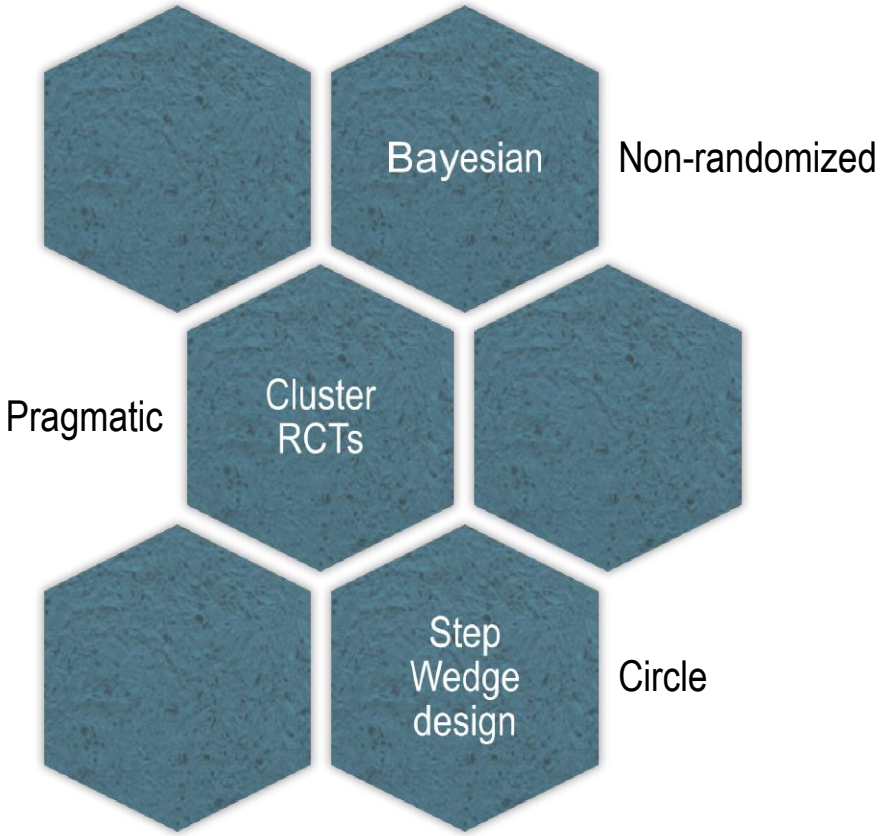
- A global-level rapid-response governance framework for the employment of unapproved interventions in humanitarian contexts should be established as a matter of urgency.
  - (Singh PLoS Med 2015)

Ethics of Placebo RCTs during disasters

"It is unethical to withhold any intervention from victims of disasters. We must therefore conduct standard controlled trials, rather than placebo controlled trials or no-treatment controlled trials. The two questions we have to define are first, what is the minimal ethical intervention; and second, what special risk procedure can be offered to any participant in a trial who becomes suicidal, violent, psychotic, risk addicted or substance dependent."

Concerted European Action for Coping with Disaster Minutes of the EuroActDis Meeting, Paris, 19; 20 April 1990

Innovative or non-traditional methods proposed as contextually and pragmatically acceptable alternatives to (placebo)RCT.



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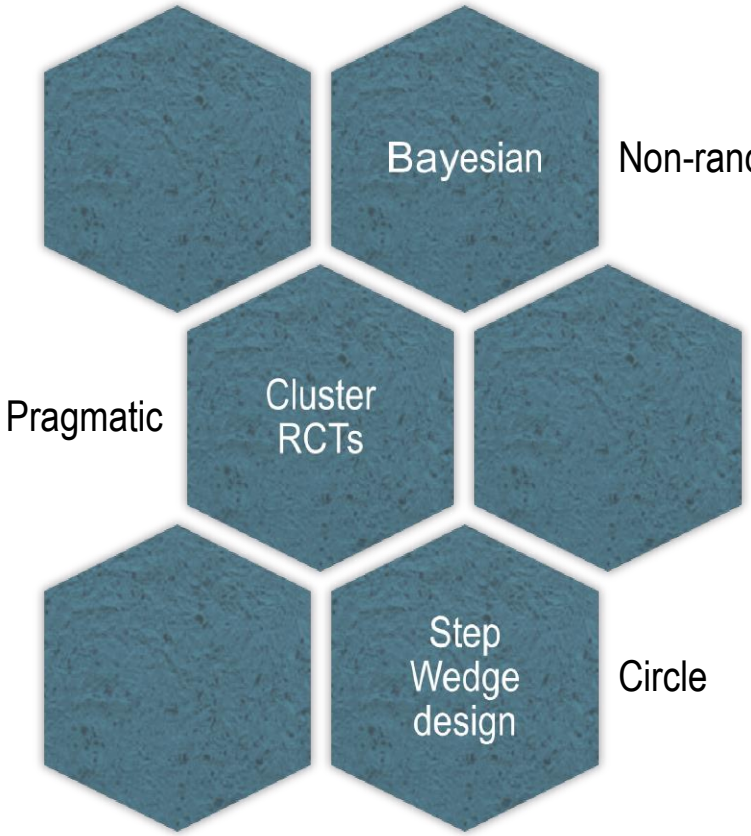

Though not especially new, few IRBs are familiar with these methods

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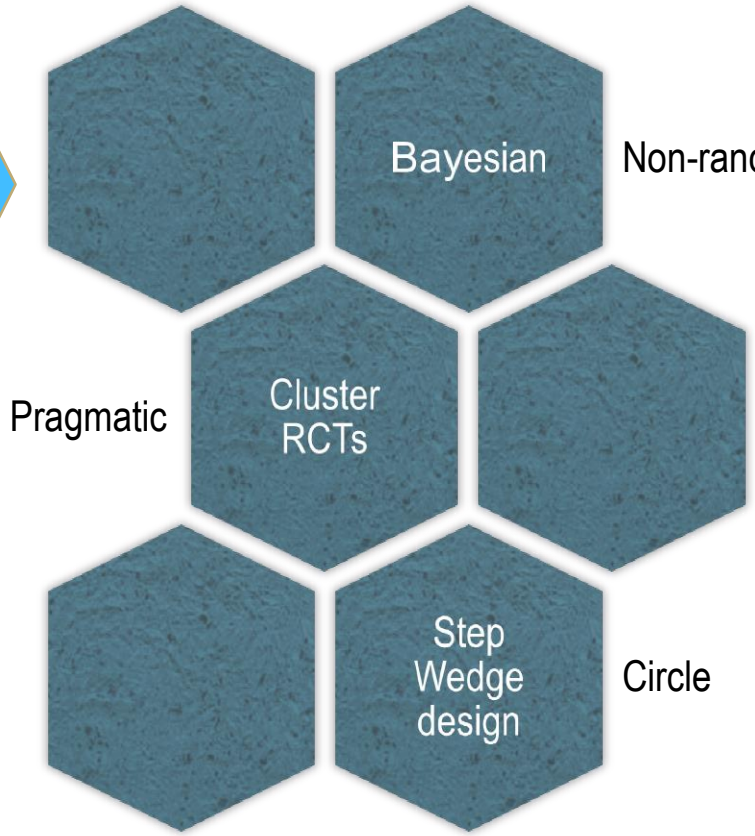
WHO created links between boards Workshops



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Epidemiological travails

Biopolitics of Ebola

Epidemiological travails

Trust and contact tracing

Surveillance and power relations

Modeling

Other concerns

In research ethics

Right to experimental treatment?

WHO Ethics Panel concluded unanimously that in EVD it would be acceptable to use unregistered interventions provided that certain conditions are met

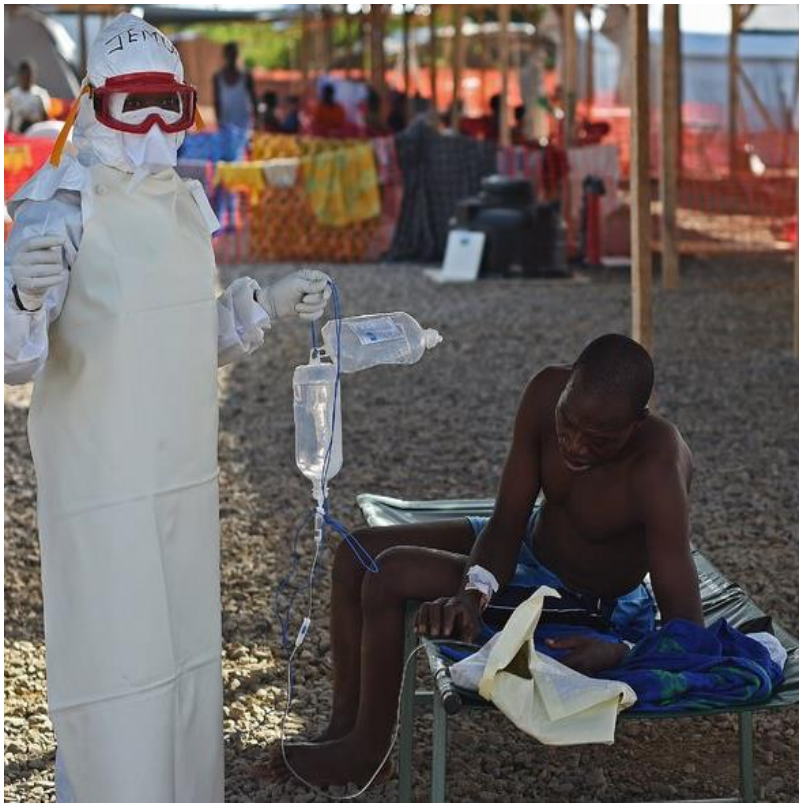
But pregnant women are systematically excluded from this research

A pregnant woman suspected of having Ebola lies on a stretcher in Freetown, Sierra Leone. (Tanya Bindra/UNICEF)

Special concerns in research ethics

Therapeutic misconception? --

Or simply the best choice under the circumstances?



A nurse gave an Ebola patient intravenous fluids at the Red Cross treatment center in Kenema, Sierra Leone, in November. NYT Jan 1, 2015

What really happens when a person gives consent?

Genuine choice?

Suppose a range of choices:

a, b, c, d, e, f, g, h, …

Suppose an individual is offered only {-}:

a, b, {c, d, e,} f, g, h, …

Where **a, b** are discarded by the chooser for reasons of which she is (not) aware.

And **f, g** are withheld by the clinician or researcher seeking consent for reasons of which the chooser is (not) aware.

And **h,…** are withheld for reasons of which neither is aware.

The reality is that we choose from a narrowed range.

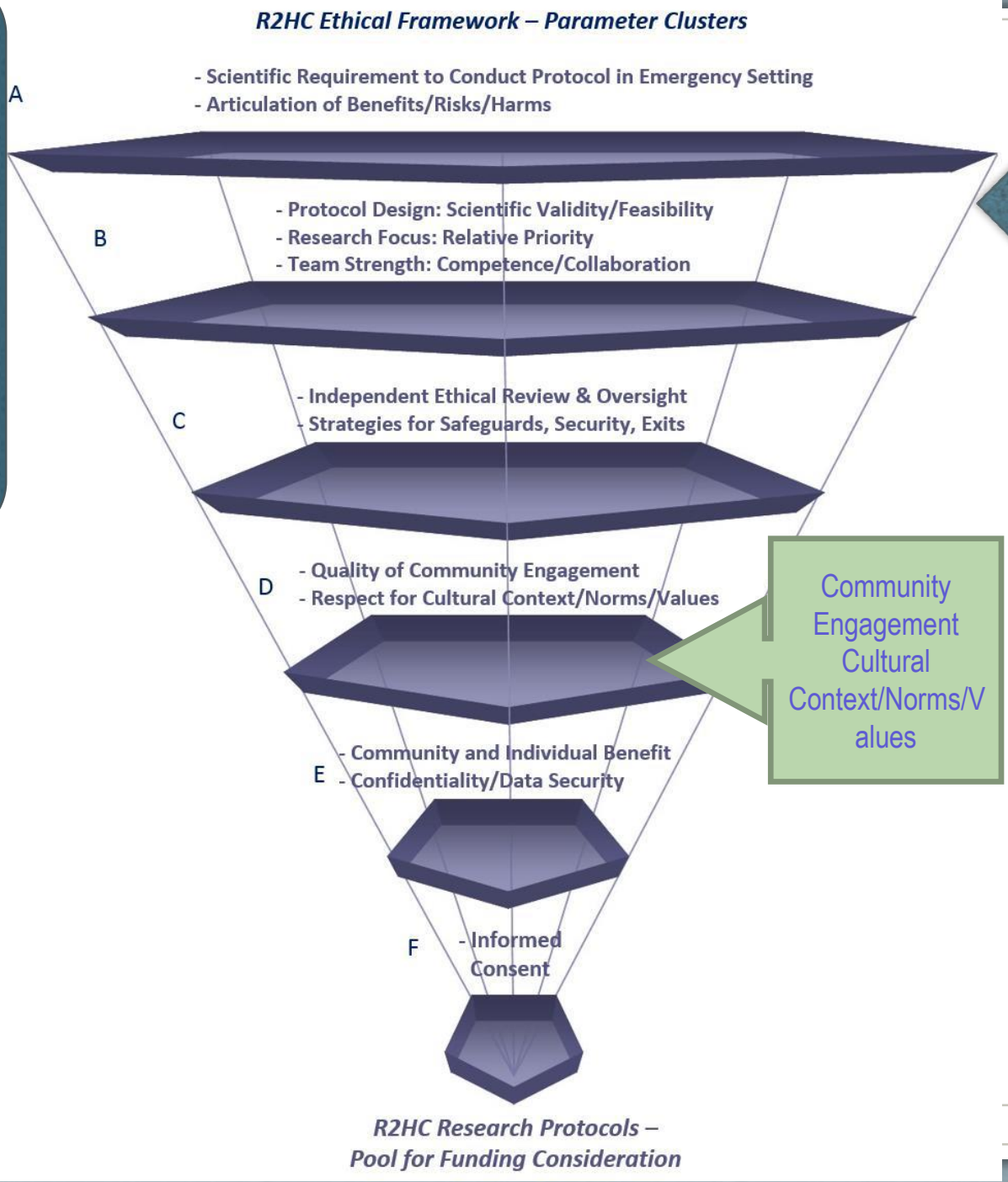
Non-ideal moral contexts

"…there are times when a normative theory cannot point triumphantly at anything good or right. I think that truly recognizing the fact of oppression entails acknowledging the associated failures of morality."

(Tessman 2010 *Hypatia* p. 798)

- Sometimes a context of injustice thwarts our attempts to do the right thing. Some stakeholders will be/feel marginalized. Some substantive norms will conflict.
    - *Does this mean we can give up?*
- Intractability?

Why must this research be conducted in a humanitarian crisis/emergency context and [not] in more stable (non-emergency) settings?



Feasible design

Community Engagement Cultural Context/Norms/Values

R2HC Framework

Ethical implications

- Social determinants of health count in health and ethics
- Account for social and political contexts that create uneven biopolitics and health trade-offs
  - How well do we do this in our research and practice?
- When to cross the border from neutral, balanced offering a range of choices - into advocacy and even activism
  - recognize that we cannot be bystanders all the time

Not strident, but firm guidance on what we know in the law, by the evidence, in our hearts to be right or wrong

Because anything else is unimaginable

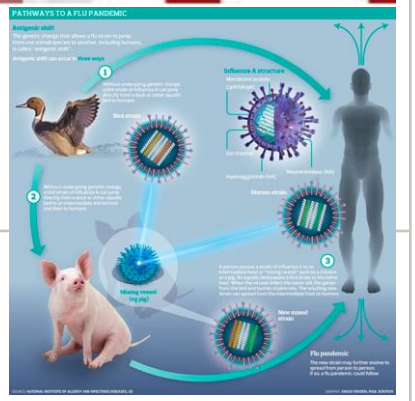
Photo by John Moore

http://www.gettyimages.ca/detail/news-photo/very-sick-saah-exco-lies-in-a-back-alley-of-the-west-point-news-photo/453821182?Language=en-GB

A man checks on a very sick Saah Exco, 10, in a back alley of the West Point slum on Aug. 19, 2014, in Monrovia, Liberia.

"This virus preys on care and love, piggybacking on the deepest, most distinctively human virtues. Affected parties are almost all medical professionals and family members, snared by Ebola while in the business of caring…."

Photo by John Moore/Getty Images
Quote by B Hale, *Slate* Sept 19, 2014



Where to from here…?

MERS

Flu 2015/16…

Thank you

- Jennifer Fergenbaum
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- Thanks to hhe collaborators
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For more information http://www.humanitarianhealthethics.net

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