

ROYAL COLLEGE OF PSYCHIATRISTS' WORKING PARTY ON GUIDELINES FOR
RESEARCHERS AND FOR RESEARCH ETHICS COMMITTEES ON PSYCHIATRIC
RESEARCH INVOLVING HUMAN PARTICIPANTS

Guidelines for Researchers and for Research Ethics Committees on Psychiatric Research Involving Human Participants

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EXECUTIVE SUMMARY

1. The responsibility for the ethical conduct of research rests firmly on the principal investigator.

2.1 In considering whether a procedure is research or not, local research ethics committees and researchers are referred to the Royal College of Physicians (1996) guidelines, paragraph 6.4:

“The distinction between medical research and innovative medical practice derives from the *intent*. In medical *practice* the predominant intent 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.”

2.2 It is in the interests of everyone that high quality research should be fostered and supported. Ethics committees (throughout the report ‘ethics committees’ refers to research ethics committees dealing with human participants) need to check that the research they approve is of adequate quality. Because of the immense value of research, it is unacceptable that individuals from any segments of the population be disallowed, by virtue of their being members of that group, from participation in research that is necessary to improve the understanding of disorders from which they are particularly likely to suffer. The difficulties that must be faced in this connection with groups whose capacity to consent is limited are considered further below, in paragraph 5. Nevertheless, it is a basic ethical principle that psychiatric patients, like all other patients, must be able to benefit from the fruits of research and, hence, they must have the opportunity to participate freely in sound research.

2.3 Ethics committees should be required to assess the levels of risk in all research that they review and they should not approve projects in which the risk is regarded as excessive when considered in the light of all the circumstances, and of the potential benefits. With research regarded by the ethics committee as within an acceptable risk level, there is the additional requirement that all participants should be adequately informed about the nature of the research, its possible risks and potential benefits, so that they can make up their own minds, on an informed basis, with respect to whether or not they are willing to take part in the study.

2.4 Ethics committees should refuse to approve research where the funding body is of a kind that raises serious doubts about its track record on abuses of research findings.

2.5 Ethics committees should require applicants to state whether the funding body (or any other interested party) places any constraints on publication. If any such constraints exist, the ethics committee must satisfy itself that they are reasonable in type and degree, that they are explicit and time-limited and that they do not involve risk of censorship or distortion of findings or prevention of publication.

3.1 All research that involves human subjects directly or indirectly, and that is undertaken by the staff of any discipline (paid, honorary or emeritus) of an institution, comes within the remit of its relevant ethics committee, irrespective of whether or not the participants are its patients, and irrespective of where the research is undertaken. Similarly, irrespective of who undertakes the research, all research that involves the institution’s patients, clients, students or staff as participants in the research falls within the ethics committee remit.

3.2 Routine clinical audit based solely on perusal of records must be conducted in an ethical manner and it is the responsibility of ethics committees to ensure that this is the case. This will require the ethics committee to obtain written details of the procedures to be followed. It is up to the committee to decide whether to delegate this responsibility to

someone acting on their behalf (such as the clinical director), or to consider the procedures in committee. Either way, however, the ultimate responsibility lies with the ethics committee and it is their duty to ensure that the necessary ethical needs have been met. Patient information sheets and consent forms should not be required for such case note audit and, once a set of procedures has been agreed, it should not be necessary to reconsider the procedures until it is proposed to change them.

Research into audit that involves any form of new information from patients or staff (such as by questionnaire or interview), any form of intrusion into routine procedures (such as by video- or audiotape recording or observation by researchers) or any form of participation in a comparison of procedures (whether or not by random allocation) should be subject to the same form of individual application required for other research applications to the ethics committee. Patient information and consent forms should ordinarily be required.

3.3 As with any other type of research involving human subjects, approval of research using records and archived samples must be sought from the appropriate ethics committee, which will need to consider the usual ethical issues with respect to purposes, reputability of researchers, lack of inappropriate constraints on publication, source of funding and the other matters outlined in this document. In addition, as also recommended by the Royal College of Physicians (1999), the ethics committee should have specifically agreed to exempt the research from the general requirement for individual consent from each research subject. In that respect, our recommendation on research using records and archived samples follows the same principles as those that apply to clinical audit.

3.3(a) Individual consent should not be necessary for group analyses of anonymised data but the ethics committee should ensure that the required anonymisation has been achieved before the data are made available. Custodians of pooled data-sets should have their own ethics committees to review applications for use of those sets.

3.3(b) Individual consent should not be necessary for analyses of personalised records provided that no contact with participants is envisaged, that access to records is controlled by a custodian (who must not be the investigator) who has the responsibility for checking the details of what is proposed, and that no data will be published that could directly or indirectly identify individuals.

3.3(c) Archived data may be used without individual consent to trace individual patients or volunteers in order to ask if they are willing to participate in a study. However, the planned study must have received ethical approval and all the usual expectations of individual informed consent apply to participation in any aspect of the research required for individual contact or new information/samples from individuals.

3.3(d) The use of personal records for tracing, when the records are not themselves the basis for identification of potential participants in research, should be dealt with in the same way as the use of archived records for tracing. For this to be generally possible, the legal acceptability of this procedure under data protection rules will have to be made explicit. Ethics committees should ensure that the method of tracing to be used is discrete (see paragraph 4.13).

3.4 Local research ethics committees and researchers should be aware of the continued ethical and legal relevance of the therapeutic *v.* non-therapeutic distinction as embodied in a number of current guidelines. However, rather than relying on the distinction as made, they should assess each research project on its merits according to the general principles outlined above, having regard in particular to the risks and benefits to potential participants. We recommend that steps should be taken to remove the distinction between therapeutic and non-therapeutic research.

3.5 Each research proposal should be assessed on an individual basis with respect to its individual merits and risks. The details of all procedures should be considered with regard to their possible intrusiveness, invasiveness or distress-provoking properties in relation to the target group of participants. Researchers should be expected to have taken appropriate steps to keep all of these potentially negative features to a minimum.

3.6 All pilot studies, at all stages and of all kinds, fall within the remit of the ethics committees. It is acceptable, however, for the early stages of pilot work to proceed without

formal application provided that a second opinion (by someone approved by the committee to act on its behalf) is obtained and that the view is taken that the risks are trivial (as likely to be viewed by participants), that the study is being ethically undertaken and that satisfactory informed consent is being obtained from all participants.

3.7 Ethics committees should be prepared dispassionately to investigate any complaints over possibly unethical practice in relation to any research falling within their area of responsibility.

3.8 It is the responsibility of ethics committees to ensure that appropriate mechanisms for dealing with concerns over possible fraud are available and are operated in a fair and efficient manner.

4.1 Ethics committees must consider the scientific quality of the study they are asked to approve, and the adequate provision of expert advice within the research team on the handling of risk situations. The degree of scientific scrutiny should be proportional to the risks involved. Untoward incidents arising during the course of a study should be reported to the ethics committees, as a matter of routine.

4.2 A person's clinical care should not be affected by their unwillingness to take part in a study, or their withdrawal from the study during its course. No reason for non-participation or withdrawal need be given. The ethics committee needs to determine that, in these circumstances, it is practical for normal care to be provided. Participation in a study, similarly, should not result in a person receiving a worse standard of care than would ordinarily be expected; the ethics committee should determine that the research design will not have that adverse effect.

4.2(a) Comparison groups are an essential part of research designs to evaluate the efficacy of treatment. When a treatment known to be effective is ordinarily available, this treatment should usually be chosen as the comparison for the new treatment being investigated; this is both scientifically and ethically appropriate. Placebo controls may, however, be justified and ethically acceptable if the science require it and their use is not against the best interests of the individual.

4.2(b) Therapeutic trials must be undertaken with attention to the necessary steps required to provide adequate assessment of risks and benefits. Trials must be terminated when findings show either that a treatment is ineffective or that it is associated with an unacceptable risk of harm. For the latter to be apparent, there must be systematic monitoring of untoward effects; these must be reported to the ethics committee.

4.3 It is reasonable that participants in research should be reimbursed for their time, expenses and inconvenience. Ethics committees, however, need to ensure that the payments are not at such a high level that they constitute an inducement to participate.

4.4 The guideline on payment to researchers is the same as that on payment to participants.

4.5 Participants should not be included without their knowledge or agreement in a study involving personal contact (see paragraph 3.3 regarding the exceptions with respect to group analyses of archived data). Ordinarily, participants must also be informed about the purposes of the research in which they are being asked to participate. There are occasional cases in which the essence of the scientific design requires a degree of deception. Such research needs to be carefully considered with regard to its ethical acceptability, but it may be acceptable if scientifically essential and if there is appropriate debriefing at the conclusion of the experiment.

4.6 All personal medical information belongs to the patient, who has the right to refuse this information (either with respect to participation in a study or to findings from the research) being passed on to his or her medical carer unless the safety of others is in jeopardy (see paragraph 4.8). If such refusal constitutes a sufficient danger to the participant (because of other treatments given in ignorance of the research intervention), it would be unethical to put the patient at risk by inclusion in the study.

4.7 Acceptable research governance requires that research teams have agreed procedures for minimising the risks to staff involved in the research.

4.8 Research findings, like clinical findings, should in all ordinary circumstances be regarded as confidential and should not be passed on to others without the participant's explicit permission. There are, however, rare circumstances in which the law (and/or good clinical and ethical practice) requires that confidentiality be breached. The criteria for when this rare occurrence can be considered to arise are the same in research as in clinical practice. When the nature of the research means that it is likely that findings could have implications for other family members, this contingency should be discussed at the point of obtaining informed consent, with the aim of obtaining agreement for disclosure.

4.9 All researchers working directly with children should have a police check for crimes relating to children before starting such work.

4.10 Researchers should be strongly encouraged to provide feedback to participants on the general findings and implications of research in which they have participated.

4.11 When research involves clinically valid assessments relevant for individual diagnosis, it should be expected that participants will be informed on all findings that have substantial medical significance for them as individuals. This must be done by someone who understands the clinical implications of the findings and the information must be given in a clinically sensitive manner. However, when the findings are of unknown significance or when they have meaning only at a group level, feedback should not be expected. For studies from which the findings are likely to be of this kind, the information sheet should be explicit that individual feedback will not be provided.

4.12 Research data should be subject to the same safeguards on security and confidentiality as clinical data. The custodianship of the data should be the responsibility of the named lead researcher for the study that collected the data initially but, given appropriate safeguards, the data may be shared with collaborating researchers under the concept of extended confidentiality.

4.13 Researchers need to be aware that letters and telephone calls to potential participants, especially when using addresses and telephone numbers that may no longer be applicable, may be intercepted by third parties. This possibility requires attention to the need to avoid initial communications that, implicitly or explicitly, include personal information that could inadvertently provide a breach of confidentiality.

4.14 Informed consent must be obtained if it is envisaged that a portion of a biological sample obtained for a clinical purpose may also be used for research.

4.15 Ethics committees should emphasise to their organisations and to the applicants asking for ethical approval of studies the need to avoid undue overload on research participants.

4.16 It is good research (and ethics) practice to consult members of the community to be studied when planning studies. As appropriate to the individual study, such consultation might involve consumers, professionals, community members or ethnic/religious groups.

5.1 Ordinarily, it is necessary that potential participants actively opt in to a study. Opt out procedures with respect to parents consenting on behalf of children may be ethically acceptable, however, for large scale studies involving routine type procedures carrying no significant risk so long as certain safeguards are provided and the details of what is proposed have been approved by the appropriate ethics committee. It will always be necessary for the children to be given appropriate information, for them to give or withhold their consent, and their refusal should be accepted.

5.2 Participants should ordinarily have the right to decide for themselves whether or not they wish to participate in a study, and professionals should not have the right to refuse access when the potential participant is known to the researcher through some other route. An exception arises when the patient is currently under active treatment and the carer considers that the research could jeopardise the care being provided.

5.3 Researchers have a responsibility to ensure that all respondents have a clearly written, readily understandable information sheet that is explicit on the purpose of the study, the procedures involved, what is required of the participants, details of the lead researcher and

contact person, any significant risks and the right to decline to take part (or to withdraw during the study) without giving a reason and without detriment to normal treatment.

5.4 Ordinarily, a written consent should be obtained; this should specify that the information sheet has been given, read and understood, and that what is involved has been explained to the satisfaction of the participant.

5.5 Scrupulous care must be taken by researchers to avoid undue influence on potential participants to agree to take part in research. Attention is particularly necessary with respect to payments to participants, the dangers of pressure implicit in hierarchical relationships and the pressures (and opportunities) that may be perceived by detained persons.

5.6 The capacity to give consent is task- and time-specific, it constitutes a graded dimension of understanding and it is something that can be influenced to some degree. Researchers should seek to help respondents achieve the capacity needed for the specific decision needed. Although, legally, a categorical decision on whether a person is competent to give consent is required, individuals whose capacity falls below that level should be helped to understand what is involved and to participate in decision-making. Ethics committees should satisfy themselves that the materials and process used to facilitate understanding are adequate.

5.6(a) It is good research practice to engage children in the decision-making process even when they lack the capacity to give consent. The issues with respect to assessing capacity outlined in paragraph 5.6 apply to children. Parents should be able to authorise children's participation in research provided it presents no more than minimal risks. If the research involves risks that are greater than minimal, it could be ethically acceptable if the scientific need is sufficiently great, specifically applies to children and could not be met with research on competent adults. A strong case would need to be made in this circumstance and, in addition to parental assent, it would be essential for there to be unambiguous support from an independent professional with respect to both scientific needs and ethical acceptability. With procedures that are more intrusive than required for ordinary clinical care, a child's refusal should be accepted as a sufficient reason not to proceed, irrespective of parental consent.

5.6(b) No individuals should be disqualified, by virtue of their group membership, from participating in research (as a result of incompetence to give consent or other reason) that could be of benefit in relation to the disease, disorder or disability from which they suffer. It is ethically acceptable to proceed without personal informed consent provided that a specified set of conditions has been met. These include the relevance of the research; the fact that the research cannot be undertaken with validity in less vulnerable groups with the same disorder; the assent of the individual's closest relative or cohabiting partner; the support of both the person's professional carer and an independent clinician; minimal risks; and approval by the appropriate ethics committee. However, as with children, the patient's refusal should be accepted as sufficient reason not to proceed irrespective of other consents.

5.6(c) It is ethical to waive consent in the study of emergency treatments for life-threatening situations affecting individuals who are incompetent to give consent, provided the principles outlined in paragraph 5.6b have been followed. The specifics in such emergency situations differ, however, in two respects. It is acceptable to proceed without the assent of a relative if that cannot be obtained in time (but not ethical to proceed in the face of a relative's objection); and the risks and benefits should be judged in relation to those associated with existing treatments or outcomes (rather than minimal risks in an absolute sense). In planning research that deals with these circumstances, there should be appropriate consultation with the relevant user groups (see paragraph 4.16).

5.6(d) Active steps should be taken to help individuals with learning difficulties to achieve sufficient understanding for them to give informed consent. Even when this is not possible, the individuals should be helped to be involved in the decision-making process. When the competence to give consent is lacking, research may be ethically acceptable if it is relevant to learning difficulties, it is not against the individual's best interests, it does not intrude unreasonably on the person's privacy or freedom of action,

appropriate assent has been obtained from a close relative, the procedures have been approved by an independent professional, the study has the support of relevant user group representatives and the study as a whole has been approved by the relevant ethics committee.

5.6(e) There are risks of perceived covert coercion if staff and students who are in a hierarchical relationship with the researcher are approached to volunteer to participate in research. It is usually desirable to avoid the use of such groups in research, and if their use is needed, there must be a reasoned case included in the ethics committee application; this must specify how the coercion concern will be dealt with.

5.6(f) For detained patients the general principles of paragraph 5.6 apply, but especial care is needed to ensure that there is no possibility of perceived coercion and that an independent professional opinion has been obtained. For research on detained patients to be ethically acceptable, the focus of the research must be relevant for their disorders, it must not be possible for the research to be undertaken in a valid and generalisable fashion with less vulnerable groups, it must not be against their individual best interests and particular care must be taken to ensure that the informed consent is real. Ordinarily, too, it should be expected that the research procedures should be non-invasive. Invasive research may be ethically acceptable but particularly strong justification with respect to risks and benefits would be essential (see paragraph 5.6a).

5.6(g) For prisoners, the same general principles as those outlined for detained patients apply with respect to possibly perceived coercion but in most cases there is not the same issue with respect to competence. In the few instances where that is relevant, a comparable set of procedures should be followed at the individual level. When competence is not in doubt, the main concern is to ensure that the research, and the procedures of obtaining consent, provide adequate protection to the individual. Ethics committees should consider whether, given the nature of a particular study, independent advice should be sought regarding the ethical acceptability of the study.

6.1 Uniformity should be sought on expectations regarding which studies need to be submitted to ethics committees. The legal implications of disregarding ethics committee decisions should also be clarified.

6.2 Committee membership should reflect the range of research and clinical skills relevant to the applications that they consider, the range of disciplines involved for patients with disorders in the field covered and should include both lay members and people who reflect the interests of patients and their families. It is highly desirable that the chair or vice-chair be a lay person. Sufficient experts in clinical and research aspects of mental health should be included in the membership of committees to cover the range of research topics they are likely to have to deal with.

6.3 Ethics committees should have a properly resourced professional administration.

6.4 Attention should be paid to the design of application forms to ensure that all necessary details of the study and ethical issues are provided in a standard way.

6.5 Ethical review of studies must include an appropriate degree of scientific scrutiny and continuation of ethical approval should be made contingent on the researchers providing information on any changes in design, funding or personnel involved.

6.6 Studies of non-patient samples or samples of patients obtained from registers separate from local centres should ordinarily be considered by the appropriate local ethics committee, rather than being passed on to a multi-centre ethics committee. When research involves several centres (but below the number requiring referral to a multi-centre committee), the relevant local ethics committees should decide on which one should take the lead, with the expectation that the other committees would accept the lead's decision unless there are some special additional considerations to be taken into account.

6.7 Formal declaration of potential conflicts of interest should be expected of all members of ethics committees and, if these create a possible problem in relation to individual applications, affected members should withdraw during their discussion.

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