

Symposium

A national committee for the ethics of research

M G Gelder *on behalf of the Royal College of Psychiatrists*

Author's abstract

A National Committee for the Ethics of Research could consider new questions arising from innovations in research or practice, deal with multi-centre trials, adjudicate when separate local committees give conflicting advice about similar projects, or oversee the work of district committees. The value of each of these functions is assessed and it is concluded that a national committee would be most valuable in providing detailed evaluations of difficult or controversial issues. Though it could offer useful advice about multi-centre trials, local committees would probably wish to continue to consider research involving patients within their health districts even though approval had been given by a central committee. A national committee could usefully oversee the working of a system of quality control throughout the country, but the detailed monitoring of district committees would be done more effectively at regional level.

At first sight, the proposal to establish a national committee for the ethics of research is attractive. Such a committee could give general advice about the ethics of research – and about novel clinical practices. It might make it easier to organise multicentre clinical trials, or epidemiological studies involving patients in more than one health district. It might also set standards for local ethics of research committees.

The strongest argument for a national ethics committee has been voiced by Baroness Warnock who suggests that it could deal with 'new questions as they arose in practice or research' (1). She cites as examples the problems in 'assisted reproduction', and the use of fetal material in treating Parkinsonism; and proposes a standing committee or a permanent royal commission like the Royal Commission on Environmental Pollution. This committee, or commission, would publish a yearly report setting out its decisions and the reasons behind them. This open, public way of working would in her view be an important feature distinguishing the proposed central body from the existing

local ones. Presumably, the central committee would also differ from local committees in dealing with a few large issues rather than a multitude of applications, most of which do not present major new ethical problems. It could, therefore, give more thought to these matters and, perhaps, reach better conclusions than those of a local committee.

It is not difficult to think of a small number of topics that might be considered by such a body: in the field of psychiatry, research on people with mental handicap, and research on patients with dementia come to mind. These examples show the diversity of the subjects that the committee would have to consider and they suggest questions about the composition of the committee. Baroness Warnock suggests that it 'would be carefully selected to consist of people – some but not all would have a medical or biomedical background – who could understand the issues both of fact and value'. There are, no doubt, people who would understand equally well issues of fact about research on embryos and research on dementia, but the diversity of topics suggests an alternative and slightly different approach. This alternative would be to appoint a small standing committee which would set up a short-lived specialist working group to deal with particular issues. This kind of approach has been adopted by the Institute of Medical Ethics, an independent body that has produced a valuable report on research with children. A central committee might also issue guidance when contradictory opinions are offered by two of the many organisations now concerned with the ethics of research.

The second argument for a national committee concerns multicentre trials. There are two separate issues. First, it is inconvenient for the research workers to submit proposals to a separate ethics committee in each of the centres concerned. The problem is even greater in some epidemiological studies in which the subjects of the enquiry are scattered throughout the country. It can be argued that a central ethics committee could give a decision that would avoid these problems, though it is not clear that the decision of a central ethics committee would necessarily be better than that of an ethics committee in one of the centres, chosen for its expertise. A central committee might have more experience of broad-based investigations,

Key words

Multicentre medical research; research ethics; committees; national ethics committees.

but the ethical problems of such studies are concerned with the rights and experiences of individual patients, and there is no obvious reason why the central committee should be better than a local committee in making this assessment. Also, it is likely that many of those working in the health districts would still wish to have the opinion of their own ethics committee whether or not a central committee had agreed the project.

Another aspect of this second argument in favour of a central committee is that local committees might give differing opinions about the same project and that research workers might choose to do their work in areas where scrutiny is less close. Some disagreement is, of course, inevitable since ethics is not an exact science; however, if there are differences in the quality of assessment in different districts, these should be corrected. A national ethics committee might improve the assessment of multicentre trials, but it would leave unsolved the basic problem which would affect all research in the relevant districts. A central committee could contribute better by looking at the reasons for disagreements between local committees, deciding whether these arose from a substantial ethical dilemma requiring more consideration or to differences in standards of assessment. In the first case, they would presumably examine the issues and issue general guidance. In the second they would presumably draw the problem to the attention of the relevant health authority responsible for the ethics committee.

A third argument for a central ethics committee follows from the last point: it is that it might oversee the work of district ethics committees. There are, of course, good reasons for trying to ensure that the standard of debate and decision-making is comparable in ethics committees in different health districts. Although, as noted above, it is inevitable that different committees will not always reach the same decision about similar projects, this diversity should not result from differences in the standard of assessment (as

opposed to the inevitable imprecision involved in weighing ethical arguments). However, a central committee, responsible for all the ethics committees in, say, England and Wales might be too remote for this general task though it might take the specific action mentioned in the previous paragraph. It is likely that regional health authorities could carry out the general monitoring function as well as any other organisation, – for example by arranging appropriately spaced meetings of the chairmen of ethics committees and by studying the reports of these committees.

Conclusion

The strongest of these arguments for a central ethics committee is that it could consider broad issues more thoroughly than could local committees whose members were busy with detailed considerations of specific research projects. There are a number of such issues that merit thorough discussion, and although the work of an official committee might duplicate that of unofficial organisations such as the Institute of Medical Ethics, its opinions could carry more weight, and be more reassuring to the public provided that its membership were well chosen. Such a body would not be well placed to supervise the work of local ethics committees, nor would it be appropriate for its primary purpose to be concerned with specific proposals for multi-centre trials, epidemiological studies involving many districts, or other individual research projects not involving special ethical problems.

M G Gelder is Professor of Psychiatry at Oxford University and is based at the Warneford Hospital, Oxford. He is Chairman of the Royal College of Psychiatrists' research committee.

Reference

- (1) Warnock M. A national ethics committee. *British medical journal* 1988; 297: 1626–1627.