WHAT WE CAN LEARN ABOUT RESEARCH ETHICS FROM EXPERIENCED SUBJECTS

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NPR Interview: Doctors with Cancer



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YOUR HEALTH

When Physicians Get Cancer

April 6, 2006 · 5:17 PM ET Heard on Morning Edition

JOANNE SILBERNER

Dealing with a potentially fatal cancer is difficult for anyone, but doctors with cancer face a special challenge. They're accustomed to giving medical care, not receiving it. And they know better than most what their future might look like.

Dr. William Tierney, an internist with Indiana University School of Medicine, wasn't happy being known all of a sudden as "the guy with cancer."

"You want to be normal, not self-pitying or any more dependent than you have to be," says Tierney.

For Dr. Elizabeth McKinley, an internist with Case Western Reserve University School of Medicine, knowledge that she had cancer hit her at odd times, sapping her hope.

"I'd find myself just weeping," she recalls, asking herself, "Will I see my kids get older? Am I going to die? Will I be in pain? Will my husband be all right?"

Tierney learned he had lymphoma at the age of 48.



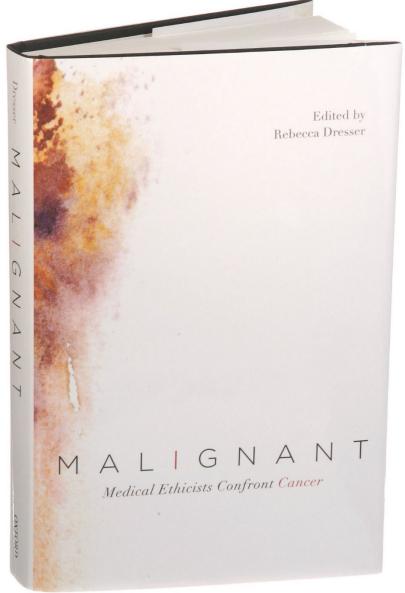
Nine years after her initial treatment, Dr. Elizabeth McKinley's breast cancer returned and has now lodged in her bones.

Case Western Reserve University School of Medicine



Malignant: Medical Ethicists Confront

Cancer



Silent Partners: Human Subjects and Research Ethics



Silent Partner Chapters

- 1 Subject Perspectives: The Missing Element in Research Ethics
- 2 Personal Knowledge and Study Participation
- 3 The Everyday Ethics of Human Research
- 4 The Hidden World of Subjects: Rule-Breaking in Clinical Trials

Silent Partner Chapters

- 5 Participants as Partners in Genetic Research
- 6 Terminally III Patients and the "Right to Try" Experimental Drugs
- 7 Embedded Ethics in Developing-Country Research
- 8 Research Subjects as Literary Subjects
- 9 How to Hear Subjects

Clinical Trials.gov

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Trial record 1 of 1 for: nct00705068

Previous Study | Return to List | Next Study

Combination Chemotherapy and Radiation in Treating Patients With Stage III or IV Head and Neck Cancer (Paradigm Trial)

This study has been completed.

Sponsor:

Dana-Farber Cancer Institute

Collaborator:

National Cancer Institute (NCI)

Information provided by (Responsible Party):

Robert I. Haddad, MD, Dana-Farber Cancer Institute

ClinicalTrials.gov Identifier:

NCT00095875

First received: November 9, 2004 Last updated: October 25, 2013 Last verified: October 2013 History of Changes

Full Text View

Tabular View

Study Results

Purpose

RATIONALE: Drugs used in chemotherapy, such as docetaxel, cisplatin, fluorouracil, and carboplatin, work in different ways to stop tumor cells from dividing so they stop growing or die. Radiation therapy uses high-energy x-rays to damage tumor cells. Combining chemotherapy with radiation therapy may kill more tumor cells. It is not yet known which regimen of chemotherapy and radiation therapy is most effective in treating head and neck cancer.

PURPOSE: Randomized phase III trial to compare the effectiveness of two different regimens of chemotherapy and radiation therapy in treating patients who have stage III or stage IV head and neck cancer.

Condition	Intervention	Phase
Head and Neck Cancer	Drug: carboplatin Drug: cisplatin Drug: docetaxel Drug: fluorouracil	Phase 3

Study Type:

Interventional

Study Design: Allocation: Randomized

Intervention Model: Parallel Assignment

Masking: Open Label Primary Purpose: Treatment

My Options

Tumor Board Recommendation: 4
 Chemotherapy drugs + radiation

 Trial: Random assignment to receive 3 chemotherapy drugs + radiation OR 1 chemotherapy drug + radiation OR a different chemotherapy drug + radiation

What I Learned (1)

 Clinical Equipoise = Experts Uncertain about Which Treatment is Best

 In Equipoise, Patient-Subject has Reasonable Chance of Receiving the Best Treatment

But Equipoise is Fuzzy in Cancer Trials

What I Learned (2)

Time-Consuming Parts of Study
 Enrollment = Treatment Delay

 Treatment Delay Is Unrecognized Research Burden for Seriously III Prospective Subjects

What I Learned (3)

Diagnosis of Serious Illness Increases
 Dependency on Doctors

 Doctors Describing Trials Can Easily Influence Patients on Enrollment Decisions

 I was Lucky to Have a Doctor Who Supported My Freedom to Say No to Trial

What I Learned (4)

 Some Ethicists and Others Argue that Everyone Has a Duty to Participate in Research

 Advocates of Duty Haven't Acknowledged the Burden This Would Impose on Seriously III Patients

Learning from Other Subjects

 Personal stories of research participation

 Empirical Studies of Subjects' Perceptions and Views

Research Subjects in Fiction

The Subjectivity of Subjects

Subjects Are People, Too!

 Subjects Are Moral Agents Who Don't Necessarily See Research the Way That Experts Do

 Researchers Watch Subjects, but "The Watched Can Watch As Well"

Deception in Research

 Deception Goes Two Ways -- Subjects Don't Always Do What Researchers Tell Them To

 Some Subjects Successfully Conceal This from Researchers, Reducing the Value of Study Findings

 Subject Deception Is a Neglected Ethical Problem

Everyday Research Ethics

 Subjects Want Courtesy and Professional Behavior From Researchers

 Rudeness, Arrogance, and Disorganization Lead to Resentment and Study Drop Outs

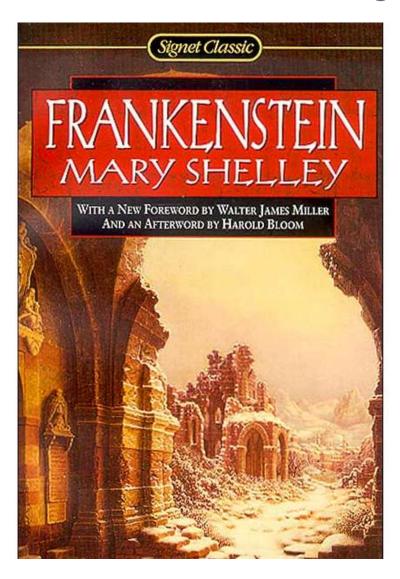
 Ethical Principle of Respect for Persons as Subjects See It

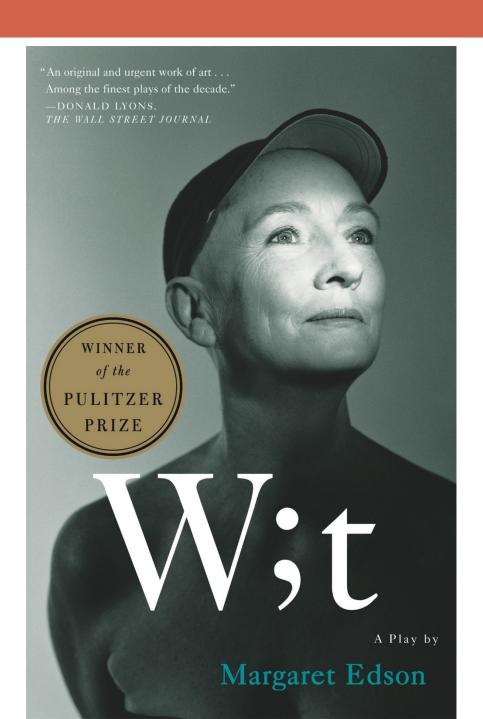
Choosing for Dementia Patients

- Ethical Guidelines Tell Surrogate Decision Makers To Choose What Patient Would Want If Competent
- But Empirical Studies Show Surrogates Focus As Much or More on Patients' Current Best Interests
- Surrogates Take Patients' Own Views into Account, Too

Reality Doesn't Match Ethical Guidelines

A Famous Research Subject





the normals

a novel

David Gilbert

From Chance to Choice

author of Remote Fred

ROBERT COHEN

AUTHOR OF THE HERE AND NOW

INSPIRED SLEEP

A Novel

CONTEMPORARY AMERICAN FICTION

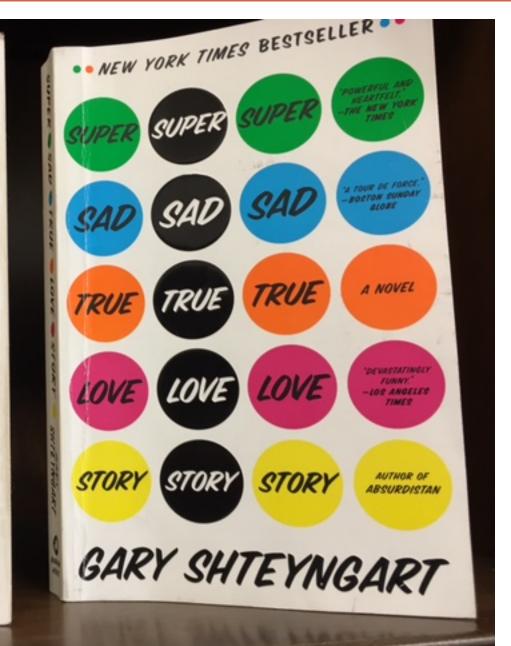
"The most adventurous and original fiction in recent times" —Chicago Tribune

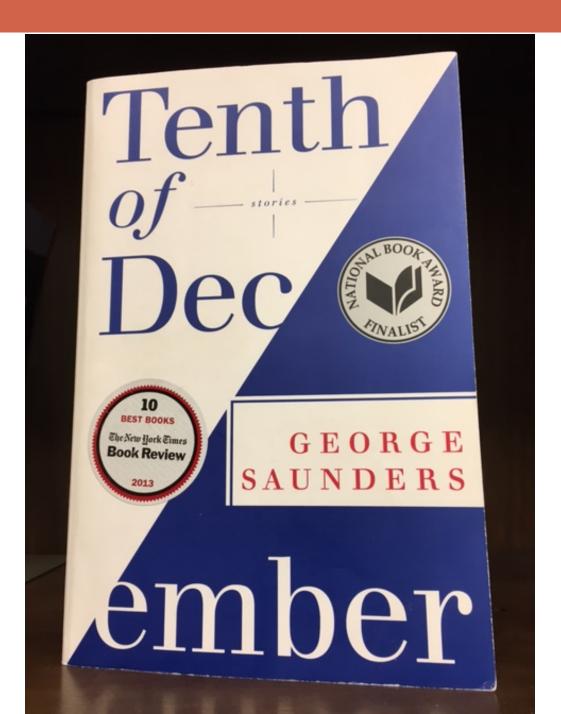
DELILLO

"One of DeLillo's funniest novels to date . . .
eerie, brilliant and touching"

—The New York Times

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Subjects As Real Research Partners

Experienced Subjects Belong in IRBs,
 Research Ethics and Policy Advisory Groups

 Experienced Subjects Belong in Patient-Centered Research Activities

Challenges Exist But Are Manageable

 For More Egalitarian Model, Consult People Who Know What It's Like to Be Subjects