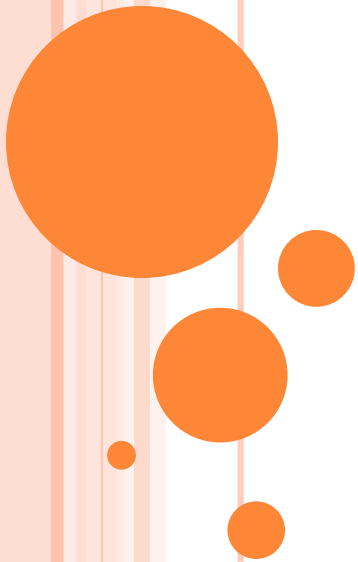


Application of Beneficence : Risk/Benefit analysis

Tada Sueblinvong
8 June, 2017



THE BELMONT REPORT (BASIC ETHICAL PRINCIPLE)

- **Respect for persons**
- **Beneficence**
 - Do no harm
 - Maximize possible benefits and minimize possible harms
- **Justice**

(Belmont Report)



BENEFICENCE- APPLICATION

- Assessment of risks and benefits
- Systematic and comprehensive information about research
 - Investigators- proposed research is properly designed?
 - EC- risks are justified?
 - Subjects- to participate?



Hazard, Harm และ Risk ต่างกันอย่างไร?

กรณีตัวอย่าง : ช่างดังมาก ๆ ในช่วงที่ผ่านมา คือ ชายหนุ่มขณะนั่งห้องน้ำตกใจสุดขีด มีงูขึ้นมาจากคอก้าน แล้วถก (เข้าตรงนั้น...) เขาอย่างแรง ในภาพเห็นเลือดกระจาย และ งูที่ขึ้นมากเป็นงู เหลื่อมตัวใหญ่มาก ๆ ยาว 3 เมตร ใช้เวลานานกว่าจะเองงูออกมาได้ จากข่าวนี้เชื่อว่าทำให้ หลายคน รู้สึกผวา และ ระวังตัวเป็นพิเศษตอนเข้าห้องน้ำ ก็คิดอยู่ว่าจะป้องกันยังไง ?

Hazard หมายถึง อะไรก็ได้ที่สามารถทำให้เราได้รับอันตราย เช่น สารเคมี วัตถุ กัมมันตรังสี ฯลฯ กรณี งูเหลื่อมในโถส้วมจนกัดชายหนุ่มที่นั่งส้วม

งู = hazard



Hazard, Harm และ Risk ต่างกันอย่างไร?

Harm หมายถึง ผล ที่ได้รับจาก Hazard เช่น เป็นแผล สูญเสียอวัยวะ แขนหัก ขาหัก ตาย เครื่องจักรเสียหาย ฯลฯ ในกรณีงูเห่าในโถงน้ำจืดที่งูเห่ากัดคนซึ่งงูเห่ากัดตายนั้น **Harm** = ผลเลือดออกจากการถูกกัดโดยงูเห่า

Risk หมายถึง ความมากน้อยของโอกาสที่ Hazard จะทำให้เกิด Harm บางสิ่งบางอย่างกับใครบางคน เช่น ระดับความมากน้อยของ “โอกาส” ที่ “งู (Hazard)” จะกัดคนในขณะที่นั่งส้วม



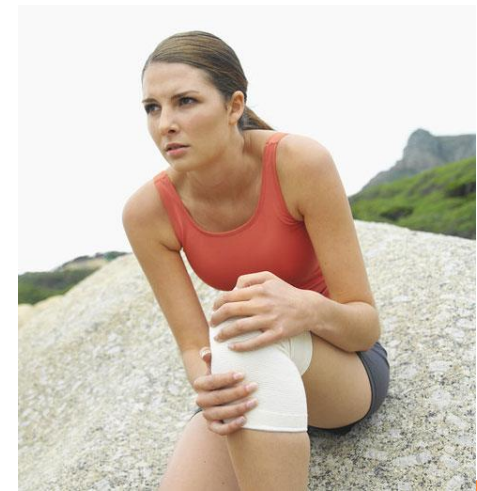
RISKS

- “*Risk*” refers to a possibility that harm may occur.
- “*Small risk*” or “*high risk*” -the chance (probability) of experiencing a harm and the severity (magnitude) of the envisioned harm.
- Minimal risk, low risk, slightly more than minimal risk, more than minimal risk



TYPES OF HARM

- Physical harm
 - Severe drug side effects
 - Family violence
 - Serious disability
- Psychological harm
 - Feelings of irritation, frustration, or discomfort
 - Depress, anxiety
 - Feeling of guilt
 - Sadistic, psychopath
 - Suicidal ideation



TYPES OF HARM

- Legal harm
 - Arrest/ detained
- Social harm
 - Insurance or employment discrimination
 - Stigmatization
- Economic harm
 - Bear financial costs related to research participation
 - Loose job/ Funding



CATEGORY OF RISKS

- **Category I** – Minimal risk
- **Category II**- Greater than minimal risk but presenting the prospect of direct benefit to the individual subject
- **Category III** – Greater than minimal risk and no direct benefit to the individual subject but likely to yield the generalizable knowledge about subject's disorder or condition.
- **Category IV**- outside those mentioned in I-III

OHRP 45 CFR 46 subpart C, D

ชวนชนก ยิ้มแท้ “ Risk Benefit Assessment”



LEVEL OF RISKS RELATED TO TYPES OF REVIEW

Risk category	Type of review
Negligible risk	Exempt
Low or minimal risk	Expedite
More than minimal risk	Convened meeting

“To enable institutions to conserve administrative resources, provide timely reviews, and focus the convened meetings of their IRBs on the research activities involving greater risks or ethical complexities.”

NTSC. June 2008



NEGLIGIBLE RISK

- No foreseeable risk of harm or discomfort
- No more than inconvenience
 - Filling a form
 - A street survey
 - Giving up time for participation



LOW RISK

- Only foreseeable risk is one of discomfort
 - minor side effects of medication
 - the discomforts related to measuring blood pressure
 - anxiety induced by an interview



MINIMAL RISK

- The probability and magnitude of harm or discomfort anticipated in the research are not greater in and of themselves than those ordinarily encountered **in daily life** or during the performance of **routine** physical or psychological examinations or tests.

45CFR46.102i

DEFINITION OF MINIMAL RISK

- The probability or magnitude of physical or psychological harm
- **that normally encountered in daily lives** or
- **in the routine medical, dental, psychological examination of healthy persons**

OHRP 45 CFR 46 subpart C, D



Minimal Risk Procedures

Collections of Blood

- By finger stick, heel stick, ear stick or venipuncture
- Healthy non pregnant adult
 - ☀ < 550 ml within 8 weeks, and ≤ 2 times/week
- Children
 - ☀ < 50 ml or 3 ml/kg within 8 weeks, and ≤ 2 times/week



Minimal Risk Procedures

Collections of specimen

- By non-invasive means
 - ☀ Hair & Nail clipping in a non disfiguration manner
 - ☀ Deciduous teeth/permanent teeth
 - ☀ Urination, Stool
 - ☀ Uncannulated saliva collection
 - ☀ Placenta removed at delivery
 - ☀ Amniotic fluid – labor or rupture
 - ☀ Buccal swab, mouth washing
 - ☀ Skin scraping



Minimal Risk Procedures

- **Collection of data through routinely non-invasive procedures (≠X-ray, microwave)**
 - ☀ Weight, Height measurement
 - ☀ Visual acuity
 - ☀ Blood pressure
 - ☀ MRI, Ultrasound
 - ☀ IQ test
- **Collection of data through voice, video, digital, image recording.**



RISK OF X-RAY

- Chest, teeth, arms and legs
 - Risk of cancer = 1 in million (negligible risk)
- Skull, head neck
 - 1: million to 1:100,000 (minimal risk)
- Abdomen, spine
 - 1:100,000-1:10,000 (very low risk)

<http://www.hpa.org.uk>



HOW TO FIND RISKS?

- IRBs assess risks from the following points of view:
 - A common-sense estimation of the risk; an estimation based upon investigators' experience with similar interventions or procedures;
 - any statistical information that is available regarding such interventions or procedures; and the situation of the proposed subjects.



WHERE TO FIND RISKS?

- Research design, placebo.
- Intervention
 - Drugs/ device (Investigator's brochure)
 - Questionnaires
- Recruitment
 - Invasion of privacy
- Documentation
 - Breach of confidentiality



WAYS TO MINIMIZE RISKS

- Qualified investigators
- Good research team and support
- Sound research design and methodology
 - Alternatives
 - Smaller dosage or level of intervention
 - Purposeful inclusion/inclusion criteria
 - Define withdrawal criteria
 - Appropriate screening of potential subjects
 - Number of visits as lowest as possible
 - Using leftover specimens

นิมิตร มรกต “ Risk-Benefit Analysis” บรรยายที่ สพ สรรพสิทธิประสงค์

ขวัญชนก ยิ้มแต่ “ Risk Benefit Assessment”



WAYS TO MINIMIZE RISKS

- Coding of data
- Mindful observation for psychological reaction/ counseling
- Monitoring/ DSMB
- Financial/ injury compensation
- Well informed consent process
- Protect confidentiality
- Sensitive to subject's need
- Honesty to subject's trust

นิมิตร มรกต “ Risk-Benefit Analysis” บสรายที่ รพ สรรพสิทธิประสงค์

ขวัญชนก ยิ้มแต่ “ Risk Benefit Assessment”



WAYS TO MINIMIZE RISKS

- Qualified investigators
 - Adequate resources
 - Medical care of trial subjects
 - Communication with IRB/EC
 - Compliance with protocol
 - Investigational product keeping
 - Randomization Procedures and unblinding

ขวัญชนก ยิ้มแท้ “ Risk Benefit Assessment”



WAYS TO MINIMIZE RISKS

- Qualified investigators
 - Informed Consent of trial subjects
 - Records and Reports
 - Progress Reports
 - Safety Reporting
 - Premature Termination or suspension of a trial
 - Final report

ขวัญชนก ยิ้มแท้ “ Risk Benefit Assessment”



WAYS TO MINIMIZE RISKS

- Sound research design and methodology

“Scientifically invalid research is unethical because it exposes research subjects to risks without possible benefit.”

CIOMS 2002, Guideline1



BENEFIT

- “Benefit” - something of positive value related to health or welfare.
- “Benefit” - not a term that expresses probabilities. It can be anticipated.
- Benefit
 - Direct health benefit = Therapeutic research
 - Indirect benefit
 - Diversion from routine
 - Feel useful or helpful
 - Greater access to professional care and support
 - Non-therapeutic research = new knowledge



MAXIMIZE BENEFIT

- Enhance direct benefit to the subject
 - ☀ Cost, Transportation, Compensation
 - ☀ Post-trial benefit
- Communication of study results
 - ☀ Health Authority
 - ☀ Community VS individual
- Release of study results
- Health care for the community under study
- Training local health personnel

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SYSTEMATIC ASSESSMENT OF RISKS&BENEFITS

- Benefits and risks must be "balanced" and shown to be "in a favorable ratio."
 - No accepted quantitative assessment.
 - Use systematic, non-arbitrary analysis of risks and benefits.
 - Accumulation and assessment of information about all aspects of the research, and to consider alternatives systematically.

นิมิตร มรกต “ Risk-Benefit Analysis” บรรยายที่ รพ สรรพสิทธิประสงค์



DECISION

- Research Protocols Involving Minimal Risk
 - Less problematic
 - Informed consent (or waived)
- Research Protocols Involving Greater Than Minimal Risk- Direct Medical Benefit
 - Identify risks and minimize risks
 - Informed consent
 - Make sure that new knowledge is very important (scientific value)
 - May need opinion from expert or community representative



DECISION

- Research involve Immature/Incapacitated Subjects
 - No direct benefit - usually no more than minimal or slightly greater than minimal risks.
 - Carried out under certain conditions
 - Parental/ guardian permission



FINALLY

- Assessment of the justifiability of research should reflect at least:
 1. Brutal or inhumane treatment of human subjects is never morally justified,
 2. Risks should be reduced to those necessary to achieve the research objective.
 3. When research involves significant risk of serious impairment, review committees should be extraordinarily insistent on the justification of the risk.



FINALLY

4. When vulnerable populations are involved in research, the appropriateness of involving them should itself be demonstrated.
5. Relevant risks and benefits must be thoroughly arrayed in documents and procedures used in the informed consent process.



CONCLUSION

- All risks and benefit associated with research must be identified.
- Risks are subjective and level depends on investigator's, EC, or subject's perspective.
- Methods or alternatives to minimize risks should be discussed.
- Ethical approval can be done if risks and benefit are “balanced” or in a favorable ratio.





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THANK YOU

