

Proposal Class: Research Ethics

CSCI6XXX/CHE6XXX/CSCI4XXX
(CSCI6093)

Finlay Maguire (finlay.maguire@dal.ca)

What are research ethics?

Research ethics are normative

- Explicitly and implicitly codified values and norms in research that distinguish between acceptable and unacceptable behavior
- Laws may also codify norms but ethical != legal
-

Many ethical frameworks

- Consequentialism
 - Bentham (Utilitarianism)
 - Based on outcomes
- asd e.g., utilitarianism
- Deontological ethical
 - Kant (categorical imperative)
 - Rawls (contractualism)
 - Duties and rights in research
- Virtue ethics
 - Aristotle, Aquinas
 - Related to character of researcher not necessarily actions (not really codified!)

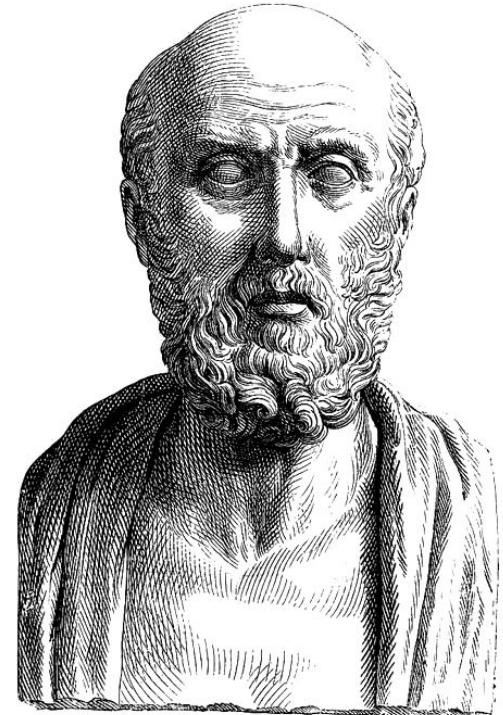


Strongly established in medical/social science research

- “Hippocratic” Oath
 - “Do no harm”
 - But also no abortions or euthanasia (maybe)
- Nuremberg Code (1947):
 - Trial of 23 Nazi physicians
 - Permissible Medical Experiments
 - Codified: consent, benefit, harm
- Helsinki Declaration (1964):
 - Research Ethics Committees (IRB/REB)
 - Concerns for individual outweigh concerns for society
 - Patient must benefit (or be healthy)
- Tri-Council Policy Statement 2 (2018):
 - Codification of principles for canadian research involving human subjects

Short version:

- **Beneficence**
- **Nonmaleficence**
- **Autonomy**
- **Justice**



<https://en.wikipedia.org/wiki/File:Hippocrates.jpg>

Not well established in data science

Many challenges:

- Specific consent difficult to impossible to obtain
- “Public data” and “minimal risk” research e.g., social media data/open deidentified data are historically exempted from REB
- Privacy/Anonymity issues
- Data Misuse (societal not individual benefit)
- Validity/Accuracy/Contextualisation (large datasets can be MORE vulnerable to biases)
- Personal/Group harm
 - Model reinforces biases in dataset
 - Subjectivity in model design
 - Model abuse/misuse
- Existing frameworks often unwieldy/inappropriate: lots of active ethical theory (e.g., duty of easy rescue, social contract)

So, how do we propose ethical research in
health data science?

Start with big conceptual questions

- What potential good comes from this research cause?
- What potential harm?
- Can we do anything to mitigate the harm?
- Are there any alternatives to the same benefit?

Identify your conflicts of interest

A conflict of interest is a set of conditions in which professional judgment concerning a primary interest (such as a patient's welfare or the validity of research) tends to be unduly influenced by a secondary interest (such as financial gain). Conflict-of-interest rules [...] regulate the disclosure and avoidance of these conditions.

— [Dennis F. Thompson](#), [The New England Journal of Medicine](#), 1993

- Requirement to declare COIs during knowledge translation

Evaluate your proposal on TCPS criteria:

1. Respect for autonomy

- a. Respect freedom of thoughts and action
- b. Take special measures to protect vulnerable individuals

2. Beneficence (non-maleficence)

- a. Minimize potential harms
- b. Maximise potential benefits

3. Justice

- a. Ensure fair spread of burdens/benefits (e.g., avoid exclusion of individuals solely on the basis of class, race, gender, disability, age (**TCPS-2**))
- b. Ensure those assuming burdens access benefits

4. Respect for community

- a. Engage community that is subject to the research in the research (patient-involved research)
- b. Open communication/knowledge translation
- c. Explicit requirement for research involving First Nations, Inuit, and Metis people (**TCPS-9**)

Consider consent

- Clinical standard: Informed voluntary opt-in to research (no coercion, care with vulnerable groups)
 - How well can you inform someone else when doing inductive/prospective research?
 - If the dataset had broad consent (e.g., “we can use data for research purposes”) is your research proposal in keeping with what participants might expect?
 - If not, is it actually possible to get more specific consent?
 - Can you reduce sensitivity of data to make broad consent more appropriate?
-
- Again: this is a **mess** in health data science

Ensure compliance with legal privacy requirements

- Privacy legislation
 - **Federal:** Personal Information Protection and Electronics Documents Act
 - **Provincial:**
 - Nova Scotia Personal Information International Disclosure Protect Act
 - Nova Scotia Personal Health Information Act
- Include considerations: data shouldn't leave Canada (thorny with cloud computing), consent is required for recruitment AND participation in research (although waiver of consent can be requested due to “impracticality”).

General principles:

- Collect the minimum amount of data required
- Securely handle it/store it/share it with access logs

In pre-collected datasets this will have been considered but need to justify (and additional linkage/analyses may require reconsideration).

Procedural compliance

- REB application is still required (even if exempt) for any research involving humans
- Databases often have specific additional data access applications
- Will formalise the other components but are a **MINIMUM** requirement!