

In December of 1996 Dr. Harold E. Varmus, Director of the National Institute of health granted final approval for a study intended to determine whether intravenous users of illicit drugs can reduce their risk of infection if they exchange dirty needles for clean ones. The study calls for three hundred drug users to be given clean syringes and needles in exchange for dirty ones. Another three hundred participants, functioning as a control group, however, would not have clean syringes and needles dispensed to them, but would be informed about where they can purchase new ones. Critics of the study object that Hepatitis B, which is used as a benchmark condition in the study, is both preventable and potentially fatal. The critics also note that earlier studies have indicated the value of needle exchange programs, so the critics say it is unconscionable to expose the participants in the study to diseases, such as AIDS. Dr Dennis Fisher, the director of the study, counters that the earlier studies are not randomized tests of the kind he proposes to do. "The research up to this point shows that needle exchange is promising," says Dr. Fisher, "but that is not the proof people are demanding." In this connection, Congress has forbidden use of federal money for needle exchange programs until the Surgeon General determines that such programs reduce both infection and the spread of disease, and do not encourage more drug use.

Is Dr. Fisher's study morally justifiable? If so, why? If not, why not?

MODERATOR'S ANSWER: Dr. Fisher's study is morally unjustifiable. A critical issue in any research study involving human subjects is whether the study's benefits outweigh its risks. In this case the risk of harm is substantial. If free distribution of clean needles to drug addicts in fact significantly reduces the incidence of diseases like AIDS or Hepatitis B then more drug addicts will contract these diseases as a result of conducting the study than would have been the case if the study hadn't been done. It is difficult to think of possible benefits from conducting the study that could justify this risk of harm. The idea that Congressional and public support for free needle distribution programs will increase dramatically if Dr. Fisher's study provides evidence that the programs work seems unrealistic. On the other hand, if one supposes that Dr. Fisher's study establishes the null hypothesis it is far from clear how this possible outcome could result in benefits that would outweigh the previously indicated risk of harm in connection with the study.

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