**Critical Research Issues and COVID-19**

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The COVID-19 pandemic has taken the world by storm and resulted in a major healthcare emergency worldwide. There has been a surge of research papers related to COVID-19 that have been published by many journals and there have been journals that have dedicated supplement issues to COVID as well as invited researchers to submit papers related to COVID which would be fast tracked in the review process. This has led to surge in research papers on COVID that have been published ever since the pandemic started. This letter aims to highlight some facets of research and COVID-19 from an ethical standpoint that needs to be reviewed –

1. Most doctors and healthcare professionals have been deputed and are involved in the care of patients suffering from COVID infection. This has resulted in many hospitals suspending regular OPD services and departments not being fully functional. Even institutional ethics committees have not been meeting as their members have been busy in COVID duty. In such circumstances, it gets difficult to get a clearance for research projects related to COVID. How does a researcher go about sincere research in this case especially if the research involves humans subjects ?. Can a departmental review board constituted for the period for handling such research projects serve as a substitute for ethics committees or whether maybe a special COVID ethics committee with staff not on COVID duty be constituted for the current period. This is a question that remains unanswered. An alternative may also be that ethics committees meet online via various platforms and have meetings at night post COVID duty and get these projects cleared (1).
2. Another important issue in COVID issue is of patient autonomy and the ability to give consent. The diagnosis of COVID is one laden with anxiety and confusion and there is also an element of stigma. When a patient with COVID is admitted to a hospital and asked about participating in a research project, there are chances that he or she may consent as they may feel that it is their only chance of treatment and being assured of getting a bed when there is a scarcity of COVID beds. The patient may thus consent to clinical and intervention studies due to the same and even relatives may coerce the patient to consent keeping the above thoughts in mind. There is a need to monitor consent procedures when intervention studies and clinical studies on COVID patients are carried out in hospital settings (2).
3. There is also a need for ethics committees to be keen to approve studies that shall be done in the community. It may happen that ethics committees may express an inability to supervise hospital driven community research as they do have ardent measures to supervise that all ethical considerations are followed during community research and this has to be all more be made sure in case of special populations like children and adolescents, elderly and pregnant women. The reliability of google forms disseminated in the community for COVID research aiming to follow social distancing norms for research must be discouraged as there may be no validity of who is filling the data and multiple people may fill the form multiple times leading to lack of an authenticity of the data (3).
4. There is also need for special attention being paid to research done with healthcare professionals. This is more so important in special groups like nurses, doctors, interns and post graduate students. Many surveys have been circulated in these populations and their views on COVID have been published from their anxieties related to the disorder, their mental health and the need they feel for mental health intervention. Many of these are circulated via the smartphone and the nursing students, interns, medical students and post graduate students who may feel liable or coerced to fill the same as the research is being done by their professors or teachers. They may also fill the form half heartedly to get it done with and this may affect research findings immensely (4).
5. Lastly, there has been a surge of research on COVID with almost medical speciality conducting research or writing systematic, clinical and narrative reviews on the subject. It is also prudent that research committees and journal editors get selective and chose the best papers as soon we may have a huge number of papers related to COVID that will clog search engines but may not yield the meaningful data we need. There is a need for fewer systematic reviews by authorities that are working in the field rather than everyone commenting and reviewing published papers and repetitive papers yielded that just fill the pages of scientific journals with no newer insights and or hypotheses.

Thus some guidelines for streamlining COVID research need to be laid out to ensure scientific reliability and validity.

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