

Ethics: The Bedrock of Research and Clinical Practice

The abuse of expenses by British Members of Parliament (MPs), as highlighted in the media recently, is surprising perhaps only in terms of its scale. While it appears that most MPs were acting within the rules and maintain that they only followed advice given, this clearly does not excuse their behaviour. There is an expectation that public representatives abide by 'higher' rules. Within health care there are very definite expectations on behaviour. Rules of Professional Conduct are laid down by professional bodies and the consequences of breaching these rules can be severe. Underpinning these Rules of Professional Conduct are ethical principles adopted by all health care workers. The idea that private information given to a physiotherapist, doctor or nurse would not be treated confidentially is such a fundamental breach of trust as to be almost unthinkable. Similarly treating a patient without first gaining informed consent would seem almost absurd for any physiotherapist.

As research activity usually sits outside 'normal' clinical practice, adherence to ethical codes of conduct is made much more explicit, and usually overseen by research ethics committees. The nature of clinical research and the conduct of researchers is often measured against four main principles of biomedical ethics. The first (and some would argue the most important) of these is 'respect for autonomy' – this is respecting the decision-making capacities of autonomous persons, and therefore enabling people to make reasoned informed choices. 'Beneficence', the second principle, refers to the balancing of the benefits of treatment against the risks and costs, and is often encapsulated in the statement that healthcare professionals should only act in a way that benefits the patient. The third principle, 'nonmaleficence', imposes an obligation on healthcare professionals to avoid causing harm to others. 'Justice' is the final principle, and this refers to the fair distribution of benefits, risks and costs, that is the notion that patients in similar positions should be treated in a similar manner.^{1,2}

Unfortunately, those engaged in research do not always behave in an ethical way. One notorious example of unethical research is the Tuskegee Syphilis Study.³ In 1932 the U.S. Public Health Service in Alabama recruited 399 illiterate and impoverished African-American share-croppers with latent syphilis, and 201 men without disease. The purpose of the study was to determine the natural course of untreated syphilis in African-American men. Participants were not told that they had syphilis, only that they suffered from "bad blood". Treatment for syphilis was withheld from participants. Even when Penicillin became an effective treatment in the mid-1940s treatment was still withheld. Indeed, when it became apparent that some of the study participants were being called for examination prior to induction into the Armed Forces in the Second World War, steps were taken to ensure that study participants still did not receive treatment for their syphilis from the armed forces. The Tuskegee Syphilis Study continued until 1972; during that time 28 men had died of syphilis, 100 had died of syphilis-related complications, at least 40 wives had been infected and 19 children had contracted the disease at birth. This case represents one of the worst possible examples of research misconduct and breach of research ethics. It could be argued, with good reason, that this happened a long time ago and things have since changed—which of course they have. However, in March this year *Anesthesiology News*⁴ reported what

they described as 'one of the largest known cases of academic misconduct'. A well-established researcher in the field of anaesthesiology and pain management was accused of wholesale scientific fraud. It is alleged that the doctor in question, a pioneer in the field, fabricated the results of at least 21 clinical trials – there is no suggestion that the co-authors in these papers were aware of the fraud. The fraud resulted in a step-change in clinical practice in anaesthesiology and pain management – all based on fabricated data. The impact that this has had on patients is impossible to estimate. Thankfully serious research misconduct is relatively rare, and virtually unheard of within physiotherapy.

You may have noticed on the first page of this issue that we are now members of The Committee on Publication Ethics (COPE). In becoming a member of COPE, Physiotherapy Ireland joins the ranks of prestigious journals such as *The BMJ*, *Lancet*, *Archives of Physical Medicine and Rehabilitation*, *Pain* and many more. COPE principally comprises of editors of scientific journals, particularly in the field of biomedicine, who are concerned with the integrity of peer reviewed publications submitted to, or published in, their journals.⁵ To this end, COPE provides a Code of Conduct for Editors and Editorial Board members and also Best Practice Guidelines for Journal Editors. COPE will examine issues such as falsification and fabrication of data, plagiarism, unethical experimentation, inadequate subject consent, authorship disputes and conflicts of interest. In joining COPE we are making a statement about the standards we adopt for the Journal. Just as in clinical practice when treating patients we look to the best and most rigorous evidence for guidance, so too for Physiotherapy Ireland we should set similar standards as we move forward, and COPE represents one such very important standard.

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REFERENCES

1. UK Clinical Ethics Network, [cited 1 June 2009] Available from: <http://www.ethics-network.org.uk/ethical-issues/ethical-frameworks/the-four-principles-approach>
2. Beauchamp TL, Childress JF, Principles of Biomedical Ethics 6th ed. New York; Oxford University Press; 2009.
3. Baker SM, Brawley OW, Marks LS. Effects of untreated syphilis in the Negro male, 1932 to 1972: a closure comes to the Tuskegee study, 2004. *Urology*. 2005;65:1259-62.
4. *Anesthesiology News*, [cited 1 June 2009]. Available from: http://www.anesthesiologynews.com/index.asp?section_id=3&show=dept&article_id=12634&ses=ogst
5. Committee On Publication Ethics, [cited 1 June 2009]. Available from: <http://publicationethics.org/>