Preface

Ethical Challenges of Palliative Care Research

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Recent years have seen a dramatic increase in palliative care research, broadly defined as research related to understanding and improving the quality of life of patients near the end of life. This new field of research has produced a variety of ethical concerns for investigators, clinicians, hospices, and Institutional Review Boards (IRBs).[1–8] Broadly, these concerns can be divided into concerns about the informed consent process and concerns about the risks, potential benefits, and burdens that are created by a study's design.

At the heart of all of these concerns is the question of whether palliative care research creates ethical challenges that are new, or which are unique to this field. The answer to this question will have important implications for the design and conduct of palliative care research. If palliative care research does, in fact, raise unique ethical issues, then special restrictions, protections, and guidelines should be considered. If it does not, then the strategies devised by investigators in other fields will suffice to protect subjects and special guidelines are not necessary. In that case, any guidelines that are established for palliative care research should consist largely of recommendations imported from other fields.

This workshop was convened in order to define ethical aspects of palliative care research that are unique, or different than, other kinds of research involving different populations, and which warrant special guidelines, procedures, or restrictions. This workshop brought together researchers and clinicians familiar with the ethical challenges of palliative care research, listed on a following page. Held on the National Institutes of Health campus on September 12 and 13, 2002, this conference was co-sponsored by the National Institute of Nursing Research (NINR) and the Office of Rare Diseases (ORD). In addition, generous support for publication and dissemination was provided by a Presidential Award from the Greenwall Foundation.

The articles that follow this introduction were the focus of heated discussion and debate over the two-day conference, with critical input and revisions suggested by the workshop participants. Throughout the workshop, several key points emerged that are summarized below. Although it would be incorrect to claim that these points represent an absolute consensus of the workshop participants, they do, however, represent ideas and positions that most participants were willing to support.

Ethical Challenges Related to Informed Consent in Palliative Care Research: Key Points

1. Additional scrutiny of informed consent for palliative care research should not come at the cost of decreased attention to research that involves other populations that may be equally vulnerable. Informed consent deserves close scrutiny in all clinical research, not only research that involves patients near the end of life.

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2. This population is heterogeneous with respect to prospective subjects' ability to give voluntary consent to research participation. Patients near the end of life are not inherently less able to give voluntary consent to palliative care research than are other patient populations. Instead, assessments of voluntariness should be based on patient characteristics, patients' relationships with study representatives, and the institutional setting, just as they are for other forms of research.
3. This population is also diverse with respect to decision-making capacity, and blanket prescriptions about safeguards and assessments of capacity are not useful. Instead, additional assessments of capacity should be based on patient population characteristics, and the balance of risks and potential benefits posed by a study.
4. Because of the rapid time course of many terminal illnesses, and fluctuations in cognitive status, palliative care research offers a good setting for the use of advance consent. This is particularly true when studies pose greater than minimal risks, when they do not offer potential benefits, or both. When advance consent is employed, reconsent is important in the event that subjects regain capacity.
5. For some studies in which increasing cognitive impairment is likely, the consent process may include a discussion of a patient's willingness to continue participation if capacity is lost.

Designing Palliative Care Research That Maximizes Potential Benefits and Minimizes Risks and Burdens: Key Points

1. Institutional Review Boards that frequently review palliative care research should include members who are familiar with the care of patients near the end of life and who can assess the risks, potential benefits, and value of proposed research.
2. Regardless of the study design used to assess the efficacy of symptom intervention strategies, it is essential that investigators provide adequate "breakthrough" or "rescue" therapy and that they measure "rescue" endpoints as accurately as possible.
3. It is not necessary that investigators inform prospective subjects that they are believed to be near the end of life, either in the consent process or throughout data collection. This omission should not be considered "deception" that requires additional IRB review and oversight.
4. The sensitive nature of certain kinds of data collected in the course of palliative care research, particularly data regarding assisted suicide, may warrant certificates of confidentiality from the Department of Health and Human Services.
5. In general, interviews of patients near the end of life and bereaved family members need not cause significant distress, and are often valued by subjects. Studies that employ interviews with these groups should not necessarily be subjected to additional scrutiny or restrictions but should instead employ mechanisms to assess and manage distress if it occurs.
6. There are insufficient data to make recommendations about appropriate and inappropriate timing of recruitment and data collection from bereaved family members. However, most participants felt that the time frame that is currently used for most studies (1 to 3 months) is acceptable.
7. Quality Improvement activities are essential in improving the care of patients near the end of life. Efforts to protect the rights and welfare of patients involved in these activities should balance the need for protections against the ethical imperative to improve care.

Conclusion

Research on issues at the end of life is rapidly growing, and its importance increases as our population ages. There is an urgent need to find better ways to improve pain and symptom management at the end of life, to help people die with dignity, and to comfort the bereaved. Although this research is important, it is not without ethical challenges. Therefore, efforts to improve the standard of palliative

care through research and through quality improvement activities must be sensitive to ethical concerns.

In summary, conference participants agreed that the ethical issues raised by palliative care research are, for the most part, not unique to this field. The principles of ethical research conduct that guide other forms of research can and should be applied to this field.[3] For instance, the consent process should be careful and thoughtful, with adequate attention given both to an individual's decision-making capacity and the voluntariness of his or her decision. Similarly, investigators should pay close attention to a study's design, to ensure that it offers an optimal balance of risks, burdens and potential benefits.[9] Finally, as with any research, a study is only ethically sound if its risks are reasonable in proportion to its potential benefits, and the knowledge to be gained. Thus, palliative care researchers, like researchers in other fields, must demonstrate that their research questions are important, their methods are appropriate to produce valid results, and that their findings will be generalizable.

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References

1. Mount B, Cohen R, MacDonald N, Bruera E, Dudgeon D. Ethical issues in palliative care research revisited. Pall Med 1995;9:165–170.

2. de Raeve L. Ethical issues in palliative care research. Pall Med 1994;8(4):298–305.

3. Casarett D, Karlawish J. Are special ethical guidelines needed for palliative care research? J Pain Symptom Manage 2000;20:130–139.

4. Casarett D. Beyond vulnerability: the ethics of end-of-life research. J Pain Symptom Manage 1999; 18:143–145.

5. Casarett D, Kirschling J, Levetown M, et al. NHPCO Task Force Statement on Hospice Participation in Research. J Pall Med 2001;4:441–449.

6. Casarett D, Karlawish J, Hirschman K. Are hospices ready to participate in palliative care research? Results of a nationwide survey. J Pall Med 2001;5:397–406.

7. Crowley R, Casarett D. Patients' willingness to participate in symptom-related and disease-modifying research: results of a screening initiative in a palliative care clinic. Cancer, in press.

8. Casarett DJ, Karlawish J, Sankar P, Hirschman K, Asch DA. Obtaining informed consent for cancer pain research: Do patients with advanced cancer and patients with chronic pain have different concerns? J Pain Symptom Manage, in press.

9. Department of Health and Human Services. Protection of Human Subjects. Title 45 Part 46: Revised. Code of Federal Regulations. 1991 June 18.