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Response to consultation by Nuffield Council of Bioethics on 'Children and Research'

Iain Chalmers, Coordinator, James Lind Initiative

Preamble

As a clinician, some of my child patients suffered and sometimes died because I did not have ready access to reliable research evidence to inform my clinical management decisions. Avoidable harm continues to be done to child patients because of longstanding reticence about encouraging research to inform treatment decisions in children.

How should children be recruited to clinical research?

1. What do you consider to be the main obstacles to recruiting children to research? How might these be overcome?

Insufficient acknowledgement by everyone – patients, parents, clinicians, research regulators and the public in general– that substantial harm has resulted when important uncertainties about the effects of treatments in children have not been addressed in reliable research. This pervasive and very serious problem will only be overcome through wider public and professional discussion of the adverse consequences of continued acquiescence in uncertainties.

What research proposals should be regarded as ethically acceptable?

7. How helpful is the notion of the best interests of the child participant? How would you define 'best interests'?

In conditions of uncertainty about the effects of treatments for children, their best interests are served by addressing and reducing the uncertainties in properly controlled research, rather than by acquiescing in insufficiently informed practice, with the real possibility that harm will be done by clinicians practising with the best of intentions.

How should research in children be encouraged?

12. With limited resources, how would you decide which childhood conditions should be the priorities for research? Who should be involved in making these decisions?

Resources will always be limited so this problem will never go away. The success of the paediatric oncology community's transformation of the outlook for children with leukaemia is a powerful illustration of the benefits of a systematic, evidence-informed approach to treatment

evaluation. Whoever else is involved deciding priorities for research, the end users of research evidence – patients, parents and clinicians – should be involved.

13. What responsibilities do funders, researchers and stakeholder groups have to encourage the coordination of children's clinical research?

Funders, researchers and stakeholder groups have responsibilities to reduce waste in research by reducing unwanted duplication of research (but encouraging insufficiently replicated research); and ensuring the end users of research evidence – patients, parents and clinicians – are involved in setting research agendas and seeing research through to successful completion and publication.

What should happen when the research is over?

14. What responsibilities do researchers have towards child participants and parents when the study is over?

Researchers have responsibilities to child participants and parents (i) to communicate the results of the research to participants and parents who have indicated, on enquiry, that they would like to receive these; (ii) to submit a full report of the research for publication; and (iii) to make anonymised individual patient data available through a 'safe haven' for further analysis.

Any other comments?

Please highlight any relevant areas you think we have omitted, or any other views you would like to express about the ethical issues arising in clinical research involving children.

As will have become clear, I have not attempted to answer many of the questions posed, partly because people who have thought about the issues addressed for longer than I have will provide more carefully considered answers than I feel able to offer. My responses to the questions that I have answered attempt to draw attention to the wider context in which other (often secondary) issues arise.

Research involving children is needed to protect the interests of child patients more effectively. The foundation for ethical proposed research is that important uncertainty must have been demonstrated by systematic review of relevant existing research evidence, and that additional research will address important unanswered questions. Prioritised research that conforms to these principles must be conducted and then reported to high standards.

A series of articles on waste in research, which is due to be published by the Lancet at the beginning of January, will show that the vast majority of

biomedical research does not meet these standards. This is indeed a scandal – ethically as well as scientifically.