
Draft 2nd Edition of the
Tri-Council Policy Statement: Ethical Conduct for
Research Involving Humans

Submitted by the

Interagency Advisory Panel on Research Ethics

December 2008



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on Research Ethics

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Acknowledgements

The draft 2nd edition of the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans* (TCPS) was made possible through the sustained effort and valuable contributions of many volunteers. The Interagency Advisory Panel on Research Ethics wishes to acknowledge the members of the research community and members of the public, including research participants, who generously dedicated their time, and shared their knowledge of research and research ethics with the Secretariat and Panel. These voluntary contributions laid the groundwork for the evolution of the 2nd edition of the TCPS.

The Panel wishes to express its gratitude in particular to all those who have served on its working committees for the significant time and effort they invested in the various priority areas identified in the early years of the Panel's work. Their reports and policy recommendations were the starting point and a major touchstone of the Panel's work.

Many individuals, communities, professional organizations and government departments provided input for this document through feedback at conferences, written submissions, sounding board consultations, focus group discussions and private meetings. The Panel is grateful for the input that helped the Panel to test certain ideas and to refine its proposals for change.

The Panel wishes to acknowledge the work of former Panel members and to express special appreciation for the continuous support from members of the Secretariat on Research Ethics, past and present. Their commitment to the evolution of the TCPS made this draft a reality.

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Chapter 1

ETHICS FRAMEWORK

A. The Importance of Research and Research Ethics

Research is a distinctly human enterprise, a natural extension of our desire to understand and to improve the world in which we live. The search for knowledge about ourselves and the world around us has been an aspect of human endeavour throughout recorded history. We observe, we question, and then we test our observations and theories. Over time, these instinctive activities have developed into disciplined inquiry to extend knowledge.

The scope of research is vast. On the purely physical side it ranges from seeking to understand the origins of the universe, down through the fundamental nature of matter. At the analytic level it covers mathematics, logic and metaphysics. Research involving humans ranges widely, including attempts to understand the broad sweep of history, the workings of the human body and the body politic, the nature of human interactions and the impact of nature on humans – the list is as boundless as the human imagination.

There can be no doubt that research has greatly enriched and improved our lives. A fundamental premise of this Policy is that research can benefit society. But research is, by any definition, a step into the unknown: it seeks to understand something not yet revealed. Because we do not know where it will lead us, research may entail risks. These risks can be trivial or profound, physical or emotional – but they do exist.

History offers unfortunate examples where participants in research have been needlessly and at times profoundly harmed by research. It offers many more examples where people have been gratified and their lives enriched by their participation in research and the sense that they have contributed to the expansion of knowledge. Given the fundamental importance of research and of human participation in research, we must do all we can as a society to ensure that research proceeds in an atmosphere of public confidence and trust. By promoting and guiding the ethical conduct of research involving humans, this Policy seeks to contribute tangibly to that essential public confidence and trust.

Respect for human dignity has been a founding value of the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans* (“the Policy”) since its inception. The term lends itself to a wide variety of interpretations. At its most basic, it requires that research involving humans be conducted ethically – that is, in accordance with an agreed-on set of principles. This Policy takes human dignity as the foundation for three core principles that transcend disciplinary boundaries and are therefore relevant

36 to the full range of research covered by this Policy. The intent is that the three core
37 principles will collectively constitute a functional definition of human dignity, one that
38 will provide clarity and guidance for the purposes of this document.

39 No single document can provide definitive answers to all ethical issues that may arise in
40 an undertaking as complex as research involving humans. This Policy sets out guiding
41 principles for the design, conduct and oversight of ethical research. Its aim is to assist
42 those who use it – researchers, sponsors, members of research ethics boards (REBs),
43 research participants and the public – to identify ethical issues in the design, conduct and
44 oversight of research and to point the way to arriving at reasoned and ethical responses
45 to these issues.

46 **B. Core Principles**

47 **Article 1.1** The three core principles that are the basis for the guidelines developed
48 in the Policy are:

- 49 • Concern for welfare;
- 50 • Respect for autonomy; and
- 51 • Respect for the equal moral status of all humans.

52 These principles are not absolute. They may, at times, conflict. They do not apply in all
53 circumstances, to all types of research, as is set out in the following chapters. How they
54 apply and the weight to be accorded to each one will depend on the nature and context of
55 the research being undertaken.

56 **Welfare**

57 Welfare is a broad concept that encompasses the full range of concerns that form the
58 basis of an individual's decisions. It includes the individual's own well-being, such as
59 his or her physical and mental health, but it is broader. It also involves all concerns
60 regarding the individual's physical, social, economic and cultural environments,
61 including the welfare of those who are important to the participant. One key aim of this
62 Policy is not only to safeguard the well-being of the individual research participant, but
63 to do so in a way that preserves and respects the broader values with which that
64 individual identifies.

65 The researcher is responsible for considering welfare when designing and conducting a
66 research project. However, concern for a participant's welfare does not imply that
67 research must present no risk. Welfare must be assessed in light of the aims and the
68 methodology of the research. Some risks are legitimate and necessary if the researcher is
69 to gain the desired knowledge.

70 Researchers must be conscious of the impact their research can have, not only on those
71 who participate in it, but also on others not directly involved. Just as the benefits of
72 research can be enjoyed by larger groups, it is also possible that the knowledge gained

73 from research can have negative effects, such as the stigmatization of groups.
74 Consultation during the design of the research with groups who may be affected can
75 help clarify the potential impact of the research and may provide the best assurance that
76 any negative impact of the research is minimized.

77 Prior to the research's being presented to prospective participants, the REB is
78 responsible for ensuring that the risks of research are reasonable. It is the assessment of
79 the relative risks and potential benefits (the "risk-benefit ratio") that should determine
80 whether the research risks are proportionate to the potential contribution of the research
81 to the advancement of knowledge. Researchers should then explain to prospective
82 participants the known or expected risks their research presents. In the end, since they
83 bear the risks, it is the research participants themselves who must judge whether the
84 risks and benefits of participating are acceptable. This imperative follows from the next
85 core principle, autonomy.

86 **Autonomy and the Decision to Participate in Research**

87 Respect for autonomy implies that participation in research should usually be voluntary
88 – a matter of choice. To be meaningful, that choice should be informed. This means it
89 should be based on as complete an understanding as reasonably possible of the purpose
90 of the research, what it entails, and its foreseeable risks and benefits, both to the
91 participant and to others.

92 How researchers obtain and maintain consent for participation in their projects will
93 differ according to the nature of the research and the circumstances and capacity of the
94 potential participants. While research ethics policies traditionally refer to autonomy as a
95 condition for participation in research, we must consider the reality that:

- 96 • Not all research participants are capable of exercising their autonomy;
- 97 • Even those with the capacity to express their autonomy may experience
98 constraints on how they do so; and
- 99 • In certain research contexts, incomplete disclosure of relevant information or
100 deception is necessary for the successful conduct of the research.

101 Autonomy is not always the paramount consideration. Indeed, for some types of
102 research, free and informed consent is not even required. The real inquiry, therefore, is
103 the extent to which the exercise of autonomy is possible, and whether it can be validly
104 exercised: either directly, by the prospective participant, or by an authorized third-party
105 decision maker. Beyond the decision of an individual participant or an individual's
106 authorized third-party decision-maker, the exercise of autonomy is influenced by an
107 individual's various connections: to family; to community; and to cultural, social,
108 linguistic, religious and other groups. The individual's decision can have an impact on
109 and be constrained by any of these. Under some conditions, the views of the groups
110 affected may have to be considered by the researcher and the REB in approving the
111 research. The weight given to it will depend on the nature of the research being
112 undertaken and the individuals or groups in question. This does not, however, imply that
113 group consent is a condition of ethics approval.

114 The ethical recruitment of participants in human research goes beyond an evaluation of
115 autonomy, which often seems to focus primarily on whether an adult person has signed a
116 consent form. It is a more complex consideration of whether the recruitment of
117 participants has been carried out on a basis that is ethically legitimate and
118 methodologically justified. It should be a process that respects and reflects, wherever
119 possible, the values and preferences of the individual participants and, where necessary,
120 engages the groups that may be affected by the research.

121 **Equal Moral Status of All Humans**

122 Equal moral status means that all human beings should be accorded the same level of
123 respect and concern in the conduct of research. This means that, for example,
124 researchers may not be arbitrarily discriminatory in the recruitment of participants and
125 that participants should share the burdens and the benefits of research equitably.
126 Researchers may choose particular groups as the focus of their research, so long as the
127 selection criteria for those to be included in the research are germane to answering the
128 research question.

129 Respect for the equal moral status of all individuals is also important because the
130 relationship between researcher and participant is often marked by an imbalance of
131 power. The participant will generally not understand the research in the same way and in
132 the same depth as does the researcher. In some cases, historically, this power imbalance
133 has been a source of harm or abuse. Participants must have the assurance that they will
134 be treated fairly and not be exploited. Researchers should conduct themselves in a way
135 that earns the trust of participants. Respect for the equal moral status of all individuals is
136 an important element in establishing that trust.

137 A special problem of according equal treatment to all emerges with regard to research
138 populations that may be particularly vulnerable. In light of a few notorious cases of
139 abuse, there has been a tendency to try to afford extra protection to certain categories of
140 participants. While some such measures may be warranted, equal moral regard for all
141 requires that the protection not be so comprehensive as to deny the groups access to
142 participation in ethical research.

143 In designing and conducting research, researchers should consider their relationship to
144 participants as a form of collaboration, even in fields where participants do not (indeed
145 cannot) contribute to the design of the research. The touchstone for the researcher should
146 be to respect the welfare, autonomy and equal moral status of all participants. That will
147 engender trust, and the trust of individual participants, as well as public trust, is
148 necessary for the research process. Researchers should also consider the implications of
149 the core principles for sharing the benefits of the research.

150 In summary, the importance of research and the need to ensure the ethical conduct of
151 research forces both researchers and REB members to navigate a sometimes difficult
152 course between insufficient protection and overprotection of research participants. The
153 three core principles, which characterize respect for human dignity, provide the compass
154 for that journey.

155 **C. A Guide to this Policy**

156 To be effective, a research ethics policy should provide guidance for the interpretation of
157 the principles of research ethics. This Policy aims to strike an appropriate balance
158 between recognizing the potential benefits of research and the need to protect
159 participants from research-related risks. Given that research involving humans covers
160 the full spectrum from minimal to high risk, the first element of the approach laid out in
161 this Policy is to ensure that the degree of scrutiny applied to ethics review is
162 proportionate to the level of risk that the research presents.

163 Proportionality is the key to ensuring that those who volunteer to participate in research
164 are not exposed to unnecessary risks, while at the same time avoiding the creation of
165 unnecessary barriers or delays to research. Those involved in the design and the review
166 of research should keep ethical considerations in mind. For any given research question,
167 the design should be structured so that research risks are minimized. Equally, those
168 involved in reviewing research (both initial and continuing review) should do so with an
169 appreciation of the level of review that is appropriate to the risks of the project. The
170 scope and intensity of ethics review should be proportionate to the level of risk involved.
171 When those involved in the review of research tailor their level of scrutiny to the level of
172 risk, they reduce unnecessary impediments and facilitate the progress of worthwhile and
173 ethical research. This is the crux of proportionality, and it is a message that recurs
174 throughout this Policy.

175 It is equally important that ethics review be appropriate to the disciplines, fields of
176 research and methodologies of the research being reviewed. This means that REBs must
177 understand the discipline and methodology under review and be able to assess the
178 research on its own terms.

179 Finally, it is not enough to say that ethics review must be approached from the
180 perspective of the participant. It is necessary to consider the context – social, economic,
181 cultural or other – that shapes the participant’s life.

182 Together, the core principles and proportionality form the basis of a sound approach to
183 research ethics – one that recognizes the value of research, while respecting, valuing and
184 protecting research participants.

185 Members of REBs should view the Policy’s guidelines, not as rules to be applied, but as
186 principles to be interpreted. This requires a thorough understanding of the principles in
187 this Policy. It also requires the exercise of sound judgment in deciding how to apply
188 those principles. Because the principles are intended to cover a wide variety of
189 approaches to research and types of research, they may and should be interpreted
190 differently in different circumstances. The use of discretion in the exercise of
191 interpretation will be necessary. A certain variability of decisions among REBs may
192 therefore be inevitable. These should not be so great, however, as to result in
193 fundamental conflicts among the decisions of REBs.

194 This Policy is designed to provide general guidance with respect to the ethical conduct
195 of research involving humans. It is divided into chapters, each of which focuses on a
196 different aspect of the ethics of research and research ethics review. The chapters are
197 divided into articles that provide targeted guidance on specific issues. Each article is
198 followed by an explanatory section – “Application” – that describes in more detail
199 considerations relevant to interpreting the article. In some cases, illustrative examples
200 are provided, and in some sections other sources – “References” – are provided for more
201 detailed guidance on particular topics.

202 Where the articles and their applications do not address an ethical issue in question, the
203 researcher or REB should return to the core principles in order to resolve their dilemma.

204 This Policy, which provides a distinctive, comprehensive approach to considering
205 research ethics, will continue to evolve as new issues emerge.

Chapter 2

SCOPE AND APPROACH

206

207

208 The purpose of this Policy, as set out in Chapter 1 (“Ethics Framework”), is to establish
209 principles to guide the design, conduct and review of research involving human
210 participants. This chapter outlines the scope of application of the Policy and the approach
211 to ethics review that flows from the core principles: welfare, autonomy and equal moral
212 status of all humans. It sets out the preferred approach to ethics review by a research ethics
213 board (REB) – a proportionate approach, which tailors the level of scrutiny by an REB to
214 the level of risk presented by the research, both at the stage of the initial review and
215 throughout the period the research is active, to ensure the continued ethical acceptability of
216 research. The establishment, governance, jurisdiction, composition and operational issues
217 related to the functioning of REBs are addressed in Chapter 6 (“Governance of Research
218 Ethics Review”).

219 **A. Scope of Ethics Review**

220 **Research Requiring REB Review**

221 The following article defines the general categories of research that require REB review in
222 accordance with this Policy, subject to the exceptions set out further on in this chapter.

223 **Article 2.1** (a) All research that involves human participants requires review and
224 approval by a research ethics board (REB) in accordance with this
225 Policy before the research commences, except as stipulated below.

226 (b) Research involving human remains, cadavers, tissues, biological fluids,
227 embryos or fetuses shall also be reviewed by an REB.

228 (c) Researchers who intend to secure identifiable personal information about
229 participants shall secure REB approval.

230 **Application** REB review is limited to those activities defined as “research” in this Policy,
231 and involving “human participants” as defined in this Policy. There are
232 many activities outside the scope of these definitions that may raise ethical
233 issues requiring some form of review or guidance. REBs are not the sole
234 forum for ethics guidance, however. Their role should be restricted to the
235 scope of research involving human participants as set out below.

236 For the purpose of this Policy, “research” is defined as an undertaking
237 intended to extend knowledge through a disciplined inquiry or systematic

238 investigation.

239 A determination of the intended purpose of the undertaking, as distinct from the
240 use of potentially similar methods, is key for differentiating activities that
241 require review by an REB and those that do not.

242 For the purpose of this Policy, “research participants” (or simply, “participants”)
243 are those living individuals whose data or responses to questions, stimuli or
244 interventions by the researcher are material to the research question. They are
245 unique among the many parties involved in research, because they bear the
246 primary risks of the research. The focus of this Policy is to ensure respect for
247 their welfare, autonomy and equal moral status. These individuals are often
248 referred to as “research subjects.” This Policy prefers the term “participant,”
249 because it better reflects the spirit behind the core principles: that individuals
250 who choose to participate in research play a more active role than the term
251 “subject” conveys. In particular, it reflects the range of research covered by this
252 Policy, as well as the varied degree of involvement by participants that different
253 types of research offer.

254 Article 2.1(b) describes the scope of REB review beyond living individuals. This
255 includes research involving human materials such as biological fluids, tissues
256 and gametes, and human remains. Note that this covers only research involving
257 the physical remains of a deceased person, and not deceased persons
258 themselves. For further information regarding what type of research is exempt
259 from REB review, see Article 2.2.

260 The use of human tissues for the purpose of research is further elaborated on in
261 Chapters 12 and 13 (“Human Tissue” and “Human Genetic Research”).

262 For the purposes of this Policy, “identifiable personal information” means
263 information relating to an individual that could be used to identify or re-
264 identify that individual through a combination of indirect identifiers (such as
265 date of birth, place of residence, or a unique personal characteristic). It
266 includes information about personal characteristics such as age, culture,
267 educational background, employment history, health care, life experiences,
268 religion, social status and other matters where an individual has a reasonable
269 expectation of privacy. (See Chapter 5 [“Privacy and Confidentiality”]
270 regarding types of information and Chapter 3 [“Free and Informed
271 Consent”] regarding consent procedures specific to securing identifiable
272 personal information.)

273 Subject to the exceptions in this chapter, research based exclusively on
274 publicly available information requires REB review only if the participant is
275 approached directly for interviews or for access to private papers, and then
276 only to ensure that such approaches are conducted according to professional
277 protocols and to Articles 3.1 and 3.2 (free and informed consent). Where the
278 research involves interaction with an individual in public life or an artist as a

279 research participant by way of a request for an interview or for access to
280 private papers, the REB review should focus only on whether these requests
281 will be made in accordance with appropriate ethical and professional
282 standards. Similarly, REBs should ensure that interviews with third parties
283 are conducted according to a professional interview protocol and to Articles
284 3.1 and 3.2 (free and informed consent), and that the potential interviewees
285 be fully informed about publication of the interview and their identity. REBs
286 should not require such third-party interviews to be controlled in any way by
287 the person who is the primary focus of the research.

288 Research based on critical inquiry – focusing, for example, on public policy
289 issues, modern history, or literary or artistic criticism – may involve
290 interaction with living individuals, notably through interviews. Where the
291 aim of the researchers is to engage in a critical examination of a body of
292 artistic work, a public policy, other comparable types of work, the role of the
293 REB should be limited to ensuring that researchers conduct their work
294 respecting the professional standards of their discipline(s) or field(s) of
295 research. The need to ensure freedom of inquiry and to protect the ability of
296 researchers to criticize the work (or organization, political party, corporate
297 enterprise, etc.) they are examining takes precedence over the need to
298 protect individual parties from harm.

299 **Research Not Requiring REB Review**

300 The requirement for REB review is not absolute. This Policy allows some
301 exemptions and exceptions, as outlined below and complemented in the
302 Appendix by examples of activities that do not require ethics review by an
303 REB.

304 Beyond the exceptions listed below, others may arise. Because principles are
305 designed to guide ethical reflection and conduct, they require flexibility and
306 admit exceptions. To preserve the values, purpose and protection that they
307 attempt to advance, the onus for demonstrating a reasonable exception to a
308 principle should fall on those claiming the exception. The opinion of the
309 REB should be sought whenever there is any doubt about the applicability of
310 this Policy to a particular research project.

311 Community processes may apply to research beyond the scope of REB
312 responsibilities. For example, research on the interface between
313 environmental and human systems that does not involve individual
314 participants does not require REB review. In these cases, the guidelines
315 of this Policy can be used as a model to help fill gaps, accommodate
316 overlap and resolve other types of ethical conflicts between community
317 and institutions.

318 **Article 2.2** Research that relies exclusively on publicly available information does not
319 require research ethics board review. This includes research on living

320 individuals and research on organizations such as governments or
321 corporations, so long as the research is based entirely on material to which
322 the public has access.

323 **Application** Archival materials and records conserved by libraries, documentation
324 centres and archival services (public and private) that are open to the general
325 public on the basis of transparent procedures, including consultation
326 policies, are considered to be publicly available for the purposes of this
327 Policy. An archival document or a database that is subject to restrictions
328 under access to information and privacy legislation may nevertheless be
329 considered publicly available for the purposes of this Policy, insofar as it
330 meets the criteria set out in this definition.

331 Research about a living individual involved in the public arena
332 (politicians, artists, public figures, business or labour leaders, etc.) or
333 about organizations and institutions (governments, corporations, criminal
334 organizations, political parties, etc.) based exclusively on publicly
335 available information such as documents, records, material from public
336 archives, performances, archival materials, third-party interviews, public
337 policy documents, published works and the like, available in print,
338 electronic or other media, to which the public is granted access, is not
339 required to undergo REB review, because such research involves no
340 interaction with the person or organization who is the subject of the public
341 records. In these cases, there is no presumption of privacy. The safeguard
342 for those in the public arena is through public debate and discourse or, in
343 extreme cases, through action in the courts for libel.

344 **Article 2.3** Research ethics board review is usually not required for research involving
345 public policy issues, the writing of modern history, or literary or artistic
346 criticism.

347 **Application** While all the areas of research noted in Article 2.3 may involve interaction
348 with living individuals, this exception is based on the fact that the research
349 relies either on published or publicly available information, including
350 performances, archival materials, or on information derived from publicly
351 available third-party interviews. This exception could, for example, cover
352 research about a living individual with a public profile, or criticism of a
353 living artist, so long as the research involves no interaction with the person
354 who is the subject of the publicly available information.

355 **Article 2.4** Quality assurance and quality improvement studies, program evaluation, and
356 performance reviews or testing within normal educational requirements are
357 not subject to research ethics board review.

358 **Application** Studies related directly to assessing the performance of an organization or
359 its employees or students, within the mandate of the organization or
360 according to the terms and conditions of employment or training, do not

361 require REB review.

362 Activities other than research as defined in this Policy may still raise
 363 ethical issues that would benefit from careful consideration by a body
 364 capable of providing some independent guidance, other than an REB.
 365 Such issues may include, for example, the potential for real or perceived
 366 coercion in certain quality assurance or evaluation studies. Bodies
 367 capable of providing such guidance may be based in professional or
 368 disciplinary associations, particularly where those associations have
 369 established best-practices guidelines for research in their discipline.

370 **Article 2.5** Research involving observation of people in public places that does not
 371 allow for the identification of the individuals in research material and that
 372 is not staged by the researchers does not require research ethics board
 373 review.

374 **Application** Observational research is a form of qualitative research. The exemption
 375 of observational research that meets the specific criteria set out in this
 376 article is addressed more fully in Article 10.2 of Chapter 10 (“Qualitative
 377 Research”).

378 **Article 2.6** Creative practice activities in and of themselves do not require research
 379 ethics board review.

380 **Application** Creative practice is a process through which an artist makes or interprets
 381 a work or works of art. It may also include a study of the process of how
 382 a work of art is generated. Creative practice activities do not require
 383 review by an REB, but they may be appropriately governed by ethical
 384 practices established within the cultural sector. As a form of artistic
 385 expression, creative practice does not fall within the definition of research
 386 in this Policy. It is therefore not subject to REB review.

387 Research that employs creative practice to obtain responses from human
 388 participants that will be analyzed to generate or to address a research
 389 question is, however, subject to REB review.

390 **B. Approach to Research Ethics Board Review**

391 **REB Review Shall be Proportionate**

392 **Article 2.7** The research ethics board should adopt a proportionate approach to ethics
 393 review, based on the principle that as the risk to participants increases, so
 394 should the level of scrutiny in assessing the research and the level of
 395 expertise involved in the review process.

396 **Application** The concept of proportionate review gives practical expression to the core
 397 principle of concern for the welfare of participants in research, such that the

398 more potentially invasive or harmful is the proposed and ongoing research,
399 the higher the level of scrutiny and expertise that should be applied to the
400 ethics review process. While all research must be reviewed adequately,
401 proportionate review is intended to direct the most intensive scrutiny, time
402 and resources, and correspondingly the most protection, to the most ethically
403 challenging or high-risk research.

404 A proportionate approach to ethics review starts with an assessment of
405 the character, magnitude and probability of potential harms and benefits
406 inherent in the research. The REB should make this assessment in light of
407 the context of the research – that is, elements of the research that may
408 produce benefits or harms or otherwise have an impact on the ethics of
409 research.

410 The concept of minimal risk (described below) provides a foundation for
411 proportionate review. The various applications of the proportionate
412 approach to REB review are addressed in Chapter 6 (“Governance of
413 Research Ethics Review”).

414 **Concept of Potential Risks and Benefits**

415 Applying the principles of concern for welfare and respect for autonomy
416 of research participants requires an assessment of foreseeable risks and
417 benefits to research participants and to others. The ethical acceptability of
418 research is dependent on a judgment as to whether the potential benefits
419 justify the risks, thus ensuring that research involving humans is designed
420 and conducted in such a way as to answer as well as possible the question
421 posed by the research, while ensuring that the participant is not unduly or
422 unnecessarily exposed to risk. It is the responsibility of the REB in
423 reviewing a research proposal to decide whether the research presents an
424 ethically acceptable balance of risks and potential benefits. The
425 subsequent decision to participate in approved research is one that
426 potential participants make based on their own appreciation of whether it
427 serves their welfare to do so. Participants should share both the burdens
428 and the benefits of research.

429 *Potential Risks*

430 Three considerations (informed by the principle of concern for welfare)
431 are relevant to the assessment and categorization of risks to research
432 participants and of the possible risks to third parties:

- 433 • The nature of the harm;
- 434 • The magnitude or seriousness of the harm; and
- 435 • The probability of occurrence of the harm.

436 Potential harms are usually understood in relation to risks, which are
437 defined in terms of the magnitude of harm and the probability of its
438 occurrence. Both potential harms and potential benefits may span the
439 spectrum from minimal through substantial. An explanation of “risk”
440 should clarify risk as the combination of the probability of harm and the
441 magnitude of harm. For example, the various kinds of harms that a
442 participant might incur, the likelihood of participants’ actually incurring
443 harms, and the available methods of ameliorating the harms all need to be
444 considered. Research in certain disciplines, such as epidemiology,
445 genetics, sociology or cultural anthropology, may present risks that go
446 beyond the individual and may involve the interests of communities,
447 societies or other defined groups.

448 For the purpose of this Policy, a “minimal risk” situation is defined as
449 one in which the probability and magnitude of possible harms implied by
450 participation in the research is no greater than those encountered by the
451 participant in those aspects of his or her everyday life that relate to the
452 research.

453 Above the threshold of minimal risk, research warrants a higher degree of
454 scrutiny and greater provision for the protection of the interests of
455 prospective participants.

456 Because research involves advancing the frontiers of knowledge, its
457 undertaking often involves uncertainty about the precise magnitude and
458 kind of harms that attend proposed research. Certain accepted research
459 paradigms bring inherent limitations to the prior identification of risk. For
460 example, when research in the social sciences employs emergent design,
461 the manner in which the study will proceed and any associated risks will
462 be known only as the study unfolds. (See Chapter 3 [“Free and Informed
463 Consent”] and Chapter 10 [“Qualitative Research”].) In cases in which
464 patients participate in research on interventions undertaken for purposes
465 of therapy for that individual, the concept of minimal risk raises special
466 issues in clinical research, especially clinical trials. (See Chapter 11
467 [“Clinical Trials”].)

468 Risk may be perceived differently by different groups in society.
469 Researchers and REBs should take this into account in designing and
470 reviewing research. In assessing risks for specific populations,
471 researchers and REBs should understand the role of the culture, values
472 and beliefs of the populations to be studied, as well as any guidelines that
473 exist for conducting research with these populations. (See Chapter 8
474 [“Multi-jurisdictional Research”], Chapter 9 [“Research Involving
475 Aboriginal Peoples’] and Chapter 10 [“Qualitative Research”].)

476 *Potential Benefits*

477 Research involving humans is intended to produce benefits for
478 participants themselves, for other individuals, or for society as a whole
479 through the advancement of knowledge. Just as there are uncertainties
480 concerning the risks of research, so there is uncertainty about its expected
481 benefits. In most research, the primary benefits produced are for society
482 and for the advancement of knowledge.

483 *Balancing Risks and Benefits*

484 Risks and benefits must be evaluated in the context of research and, to the
485 extent possible, from the perspective of participants, because both risks
486 and benefits may be perceived differently by different individuals.

487 The analysis, balance and distribution of risks and benefits are critical to
488 the ethics of human research. Modern research ethics, for instance,
489 requires a favourable risk–benefit balance – that is, the anticipated
490 benefits should outweigh the foreseeable harms.

491 The uncertainty of research outcomes often makes it difficult to reliably
492 predict the precise nature and magnitude of the resulting benefits and
493 harms. This reality, coupled with the principle of concern for welfare,
494 imposes an ethical obligation to design, assess and conduct research in a
495 way that protects research participants from any unnecessary or avoidable
496 harm. This is particularly true in the areas of biomedical research, where
497 the physical well-being of participants may be at stake.

498 These considerations do not apply in the same way in certain areas of
499 research in the social sciences and humanities, such as political science,
500 economics or modern history (including biographies), where the purpose
501 of the research may be to cast a critical eye on organizations, political
502 institutions, or systems or individuals in public life. The outcome of these
503 types of research may harm the reputation of public figures or institutions
504 in politics, business, labour, the arts, or other walks of life. Such harm
505 may, however, be an unavoidable outcome of research that seeks to shed
506 light on or to critically assess the work of a public figure or institution.
507 Where the purpose of the research is to advance knowledge about the
508 workings, for example, of a public office or a public figure, the risk–
509 benefit analysis by the REB should focus on whether the approach they
510 have adopted respects the professional standards of the researcher’s
511 discipline or fields of research. Just as a bruise is an unavoidable risk of
512 research that requires a needle-stick, so harm to reputation is an
513 unavoidable risk of certain types of social science inquiry, and it must be
514 treated as such.

515 **Requirement of Continuing REB Review**

516 **Article 2.8** Further to the initial review of research that falls within the scope of this
517 Policy, research ethics boards shall review ongoing research throughout the
518 life of the project. This includes review of departures from approved
519 research that result in a change in the level of risk of research, or other
520 ethical implications that have an impact on the welfare, autonomy and equal
521 moral status of all humans. As with initial review, continuing ethics review
522 should be based on a proportionate approach.

523 **Application** The primary goal of continuing ethics review is to ensure that all stages
524 of a research project are conducted in accordance with the guiding
525 principles outlined in this Policy, thus ensuring the continued ethical
526 acceptability of research. At the time of initial review of the research, the
527 REB has the authority to determine the level at which continuing ethics
528 review occurs (for example, the frequency of reports and the type of
529 information to be provided in reports). The level of review and reporting
530 schedule may be adjusted throughout the life of the project if the need
531 arises in situations where the risk level increases because of the discovery
532 of new information or changes in procedures.

533 Continuing ethics review by an REB provides those involved in the
534 research process (in particular, researchers, REBs, participants or
535 participant groups) with multiple opportunities to reflect on the ethical
536 issues surrounding the research. This reflection can show whether the
537 stated risks, or other unknown risks, were incurred and how they affected
538 the individual and collective welfare of participants or participant groups.
539 This reflective practice enables both researchers and REBs to be more
540 effective in protecting research participants in current and future research.
541 This practice is especially important in new and emerging fields, where
542 the ethical implications are not yet well understood. Here, reflection is
543 characterized as a continuing dialogue between the participants or
544 participant groups, REBs and researchers to enable the principles and
545 practices surrounding research ethics to evolve.

546 In the conduct of their approved research, researchers should be
547 cognizant of the requirement to report to their REB, in a timely manner,
548 events or issues that have ethical implications or that change the risk to
549 participants. The level of REB review required to assess these changes
550 shall follow a proportionate approach to ethics assessment.

551 Further details related to the application of continuing ethics review and the
552 REB review of departures to approved research are outlined in Chapter 6 of
553 this Policy.

554 **Scholarly Review as Part of REB Review**

555 **Article 2.9** The research ethics board should satisfy itself that research posing
556 more than minimal risk has undergone scholarly review.

557 **Application** Scholarly review (referred to as peer review or scientific review in clinical
558 research) is generally understood as a review of the importance of the
559 research question and the validity of the methodology. When research poses
560 more than minimal risk, exposing participants to research that has not been
561 subject to scholarly review may be considered unethical.

562 Scholarly review is assessed by those familiar with the disciplines or
563 methods of the proposed research. REBs may themselves assume the
564 responsibility for scholarly review in the rare circumstances where there is
565 no other more appropriate body to do so. In these cases, the REB will review
566 research approaches and methodologies to the extent necessary to determine
567 that the approach or methodology adopted is capable of answering the
568 research question in a manner appropriate to the discipline or disciplines in
569 question.

570 Traditions for scholarly and ethical review undertaken vary between
571 disciplines or fields of research. The tradition for biomedical research is that
572 it undergoes peer review prior to or as part of the REB review process. The
573 extent of peer review required for minimal-risk biomedical research will
574 vary according to the research being carried out. The tradition in the
575 humanities and the social sciences for researchers is to undergo peer review
576 at the grant application or publication stage. REBs therefore shall not require
577 peer review for research in the humanities and the social sciences that poses,
578 at most, minimal risk.

579 The possible mechanisms for REBs to seek evidence of scholarly review of
580 more-than-minimal-risk research are detailed in Article 6.14 of Chapter 6
581 (“Governance of Research Ethics Review”).

582 Nothing in this section, however, shall be interpreted to mean that other
583 relevant parts of this Policy – such as the need for REB review, interview
584 protocols, free and informed consent and privacy – are not applicable to
585 their research.

586 **Balance of Ethics and Law**

587 **Article 2.10** In ethics review and the conduct of research, research ethics boards and
588 researchers have an obligation to be aware of applicable laws.

589 **Application** The law establishes principles and rules that affect and regulate the conduct
590 of research involving humans. These include legal rules about privacy,

591 confidentiality, competence of research subjects, intellectual property, and
592 many other topics. Researchers should be aware of applicable laws. For
593 research conducted in multiple jurisdictions or research outside Canada
594 (addressed in Chapter 8 [“Multi-jurisdictional Research”]), this may require
595 knowledge of laws in multiple jurisdictions. REBs may satisfy this
596 obligation through expertise among their memberships or through wider
597 consultation.

598 Legal rules and ethical principles are not always consistent. Researchers
599 may face situations where they experience a tension between the
600 requirements of law and the guidance of ethical principles. In such
601 situations, researchers should do their best to uphold ethical principles while
602 complying with the law. Consultation with colleagues, the REB or any
603 relevant professional body will help resolve any conflicts between law and
604 ethics and guide an appropriate course of action. This may include providing
605 the researcher with access to legal advice, if needed.

606 Appendix

607 Examples of Research that does not Require Research Ethics Board 608 Review

609 The following are examples of activities that do not require review by a research ethics board
610 (REB). These may, nevertheless, raise ethical issues that would benefit from careful
611 consideration outside of the REB.

- 612 ▪ Scholarship based on personal reflections and self-study where no one other than
613 the researcher is involved in the research (e.g., autoethnography).
- 614 ▪ Occasions when individuals other than the researcher provide information, but
615 are not themselves the focus of the research; for example:
 - 616 – data collection about organizations, policies, procedures, professional
617 practices or statistical reports (e.g., information provided by authorized
618 personnel in the ordinary course of their employment); or
 - 619 – consultation to frame or develop the research (e.g., a graduate student
620 interviews an agency manager to determine if the data he or she is interested
621 in can be accessed, and how the information from the interview will inform
622 planning decisions about the research).
- 623 ▪ Program evaluation, quality assurance, quality improvement, or the review and
624 assessment of the program or service; for example:
 - 625 – student course evaluations;
 - 626 – staff performance reviews;
 - 627 – website usability testing;
 - 628 – discussion with stakeholders and consultants; or
 - 629 – data collection for internal or external organizational reports.
- 630 ▪ Public health surveillance that is legally mandated.
- 631 ▪ Secondary use of information in research that does not involve identifying or
632 identifiable information (see Chapter 5 [“Privacy and Confidentiality”] for a
633 definition of identifying or identifiable information).
634 635
- 636 ▪ Analysis or scrutiny of material in the public domain:
 - 637 – studies of people's writings that appear in the public domain (e.g., letters to
638 the editors of newspapers; postings to public websites); or
639

- 640 – studies of public figures (e.g., politicians or celebrities) based on material
641 such as interviews with a journalist or broadcast on television; biographical
642 profiles based on materials in a public archive.
- 643 – research for a critical biography not involving living participants (i.e.,
644 based exclusively on published or publicly available material) (see Article
645 2.2).
- 646 ▪ Student assignments that pose minimal risk; teach about the design, conduct and
647 process of research; and might involve “practice” data collection.

Chapter 3

648

649

FREE AND INFORMED CONSENT

650 Respect for human dignity implies that individuals who participate in research should do so
651 voluntarily, understanding the purpose of the research and its risks and potential benefits as
652 fully as reasonably possible. The decision to participate is therefore generally seen as an
653 expression of autonomy – the result of an individual’s weighing the risks and potential
654 benefits of a research study prior to agreeing to participate.

655 These are not, however, the only circumstances under which research takes place. Some
656 potential participants, such as young children, lack the capacity to decide for themselves
657 whether to participate. Consent in these cases requires the intervention of third parties to
658 decide whether participation would be appropriate, based on considerations of well-being and
659 welfare. These circumstances also involve considerations of equal moral status: it is
660 important that those who lack capacity have the opportunity to participate in research that
661 may benefit themselves or others.

662 The circumstances of the research itself may not allow for full disclosure of all relevant
663 information prior to its commencement. This is the case, for example, with research in
664 individual medical emergencies. It is also the case with certain research methodologies,
665 where partial disclosure or an element of deception may be necessary in order for the
666 research to be valid. In these cases, consent is still important, but it may have to be addressed,
667 at least in part, following the research rather than preceding it.

668 These variations in the approach to consent raise a number of ethical issues. For example,
669 what constitutes coercion or undue influence? When is partial or late disclosure ethically
670 acceptable? What are the appropriate limits on the types of research in which individuals who
671 lack the capacity to decide for themselves may participate?

672 In assessing consent, much emphasis has been placed on the signing of a consent form.
673 Consent, however, may be evidenced in many equally legitimate ways. The primary focus of
674 ethical concern should be on the quality of the consent, and not on how it is documented.

675 **A. General Principles**

676 **Consent Must Be Voluntary**

677 **Article 3.1** Consent must be given voluntarily and, where feasible, may be withdrawn at
678 any time.

679 **Application** The element of voluntariness is important, because it means that an
680 individual has chosen to participate in research according to his or her own
681 values, preferences and wishes. To maintain the element of voluntariness,
682 the participant should be free to withdraw from the research at any time.

683 Researchers and research ethics boards (REBs) must be aware of the approach
684 to recruitment as an important element in assuring voluntariness. In particular,
685 who recruits participants, and how and when they are approached, are
686 important elements in assuring (or undermining) voluntariness.

687 Undue influence and manipulation may arise when potential participants are
688 approached by individuals in a position of authority over them. The influence
689 of power relationships on voluntary choice should be judged according to the
690 particular context of prospective participants. For example, the voluntariness of
691 prisoners, members of organizations with authoritarian structures (such as the
692 military, police, some religious groups, or street gangs), or of employees or
693 students, may be restricted because their institutional context implies that the
694 individuals being recruited may feel constrained to follow the wishes of those
695 who have some form of control over them. This control may be physical,
696 financial, or professional, for example. It may involve offering some form of
697 inducement or threatening some form of deprivation. In such situations, the
698 control may place undue pressure on the prospective participants. There can be
699 no voluntariness if consent is secured by the order of authorities – the most
700 explicit exercise of undue influence.

701 REBs should also pay particular attention to the elements of trust and
702 dependency – for example, within doctor–patient or professor–student
703 relationships – because these can impose undue influence on the individual
704 in the position of dependence to participate in research projects. Undue
705 influence is particularly likely in situations of ongoing or significant
706 dependency.

707 Voluntariness is especially relevant in research involving restricted or
708 dependent participants. Any relationship of dependency, even a nurturing
709 one – as, for example, between an individual with a debilitating chronic
710 condition and his or her caregiver – may give rise to undue influence, even
711 if it is not applied overtly.

712 Beyond undue influence, potential participants may be subjected to
713 coercion, which involves a threat of harm or punishment for failure to
714 participate. This more extreme form of influence would, of course, negate
715 the voluntariness of a decision to participate or to remain in a research study.

716 The offer of benefits in some contexts may amount to undue inducement and
717 thus negate the voluntary aspect of the consent of participants, who may
718 perceive such offers as a way to gain favour or improve their situation. The
719 issue of reasonable versus excessive compensation for participation in

720 research is an important consideration in assessing voluntariness.
721 Compensation for participation is intended to ensure that participants are not
722 put at a financial disadvantage for the time and inconvenience of
723 participation in research. In some cultures, the giving and receiving of gifts
724 symbolizes the establishment of a relationship comparable to consent.
725 Compensation or gifts should not be so attractive as to constitute an
726 inducement to take risks that one would otherwise not take. This is a
727 particular consideration in the case of healthy volunteers for the early phases
728 of clinical trials, as discussed in Article 11.1 of Chapter 11 (“Clinical
729 Trials”).

730 In considering the possibility of undue inducement in research projects
731 where participants will be compensated, REBs should be sensitive to issues
732 such as the economic circumstances of those in the pool of prospective
733 participants, and to the magnitude and probability of harms.

734 Participants should be able to change their mind, for any reason or even for
735 no reason, and decide to withdraw from a research study. In some cases,
736 however, the physical practicalities of the study may prevent withdrawal
737 partway through – for example, if the study involves only a single
738 intervention or personal information is de-identified and added to a data
739 pool.

740 **Consent Must Be Informed**

741 **Article 3.2** Subject to the exceptions in Articles 3.8 and 3.9, researchers shall provide,
742 to prospective participants or authorized third parties, full and frank
743 disclosure of all information relevant to free and informed consent.

744 **Application** Researchers should ensure that prospective participants are given adequate
745 opportunities to pose any questions they may have, and to discuss and
746 consider whether they will participate. For the purposes of this Policy,
747 “authorized third party” refers to an individual with the necessary legal
748 authority to make decisions on behalf of an individual who lacks the
749 capacity to decide whether to participate in a particular research project.

750 At the commencement of the process of free and informed consent,
751 researchers or their qualified designated representatives should provide
752 prospective participants with the following, as appropriate to the particular
753 research:

- 754 (a) Information that the individual is being invited to participate in a
755 research project;
- 756 (b) A comprehensible statement of the research purpose, the identity of the
757 researcher, the identity of the funder or sponsor, the expected duration
758 and nature of participation, a description of research procedures, and
759 an explanation of the responsibilities of the participant;

- 760 (c) A comprehensible description of reasonably foreseeable harms and
761 benefits, both to the participants and in general, that may arise from
762 research participation, as well as the likely consequences of non-action,
763 particularly in research related to treatment, or where invasive
764 methodologies are involved, or where there is a potential for physical
765 or psychological harm;
- 766 (d) An assurance that prospective participants are under no obligation to
767 participate; have the right to withdraw at any time without prejudice to
768 pre-existing entitlements; and throughout the course of the research
769 will be given, in a timely manner, information that is relevant to their
770 decision to continue or withdraw from participation;
- 771 (e) Information concerning the possibility of commercialization of
772 research findings, and the presence of any apparent or actual or
773 potential conflict of interest on the part of researchers, their institutions
774 or sponsors;
- 775 (f) The measures to be undertaken for dissemination of research results,
776 and whether participants will be identified directly or indirectly;
- 777 (g) The identity of the qualified designated representative who can
778 explain scientific or scholarly aspects of the research;
- 779 (h) Information on the appropriate resources outside the research team
780 to contact regarding possible ethical issues in the research;
- 781 (i) An indication of who will have access to information collected on
782 the identity of participants, descriptions of how confidentiality will
783 be protected, and anticipated uses of data;
- 784 (j) Information on the circumstances under which the researcher may
785 terminate the participant's participation in the research;
- 786 (k) Information on any costs, payments, reimbursement for
787 expenses or compensation for injury; and
- 788 (l) A statement to the effect that, by consenting, participants have not
789 waived any legal rights.

790 Once research results have been compiled, researchers should make
791 them readily available to participants, to the extent that it is feasible
792 and in a manner that is appropriate.

793 Where there is a research team, the principal researcher is ultimately
794 responsible for the actions of those acting with delegated authority. This
795 includes responsibility for ensuring that the consent process has been
796 respected.

797 Article 3.2 states the requirement to provide prospective participants with
798 the information they need to give free and informed consent to their
799 involvement in the research project. While the list of required information
800 in Article 3.2 is extensive, additional information may be required in
801 particular types of research or under particular circumstances.

802 Rushing the process of free and informed consent, or treating it as a
803 perfunctory routine, violates the principles of autonomy and welfare,
804 inasmuch as it may not allow for the assimilation of information for the
805 participant, nor allow adequate time for the participant to make a
806 considered judgment. The time required for providing an initial free and
807 informed consent will depend on such factors as the magnitude and
808 probability of harms, the complexity of the information conveyed, the
809 setting where the information is given, and the participant's situation (for
810 example, his or her level of apprehension or curiosity about the research,
811 or the importance to the participant of the potential benefit).

812 Paragraphs (a) to (c) require researchers to clearly explain the nature and
813 goals of the research and other essential information, in a manner that best
814 promotes understanding on the part of potential participants.

815 Paragraph (b) requires disclosure of those who support a particular research
816 project, through funding or sponsorship. It is unethical for researchers to
817 engage in covert activities for intelligence, police or military purposes under
818 the guise of research. REBs must disallow any such research.

819 Article 3.1 and paragraph (d) in the Application of Article 3.2 help to ensure
820 that a prospective participant's choice to participate is voluntary. Pre-
821 existing entitlements to care, education and other services should not be
822 prejudiced by the decision of whether to participate. Accordingly, for
823 example, a physician should ensure that continued clinical care is not linked
824 to research participation, and teachers should not recruit prospective
825 participants from their classes, or students under their supervision, without
826 REB approval. Nothing in this section should be interpreted as meaning that
827 normal classroom assessments of course work or other comparable
828 performance evaluation undertakings require REB approval.

829 Paragraph (d) also requires that researchers provide all the new information
830 pertaining to the risks of the research and any new ethical implications as that
831 information becomes available, in order to ensure that, throughout the
832 research, participants have all the information that could affect their consent.
833 It is equally important that prospective participants be made aware of their
834 right to withdraw from a research study at any time.

835 Paragraph (e) aims at managing potential or actual conflicts of interest.
836 Researchers should separate, to the extent possible, their role as researcher
837 from their roles as therapists, caregivers, teachers, advisors, consultants,

838 supervisors, employers or the like. If a researcher is acting in dual roles, this
839 fact must always be disclosed to the participant. Conflict of interest matters
840 are further elaborated in Chapter 7 (“Conflict of Interest”).

841 Paragraph (f) requires that researchers provide a reasonable explanation
842 of the measures to be undertaken to publish and otherwise disseminate
843 the results of the research. Beyond the ethical obligation to do so in such
844 areas as clinical trials (see Articles 11.11 and 11.12 in Chapter 11
845 [“Clinical Trials”]), this requirement is grounded on the reasonable
846 expectation of participants in research that the results will be published or
847 otherwise disseminated in the public domain to advance societal
848 knowledge.

849 Paragraph (h) acknowledges that some institutions may decide either to
850 name an ombudsman for research participants, or designate a resource
851 person to handle queries, receive complaints, and transmit those complaints
852 to the REB. This is a matter for institutions to determine.

853 Paragraph (j) is intended to inform the prospective participant of
854 circumstances under which the researcher may end the participant’s
855 involvement in a research project. While participants need no reason to
856 justify withdrawing from a research project, researchers must establish the
857 basis on which they terminate the research or end the participation of a
858 particular individual. For example, clinical trials have stopping rules –
859 statistical points determined in advance, which, once reached, dictate that
860 the trial must be terminated. These are discussed further in Chapter 11
861 (“Clinical Trials”).

862 Paragraph (k) is intended to prevent the development of a payment structure
863 for research participation that might place undue pressure on research
864 participants, either to join or remain within a research project. It also ensures
865 that participants receive information regarding inducements for those who
866 recruit participants. It should not be taken to mean that participants should
867 be paid for their participation in research.

868 The list of information to be disclosed to potential participants is extensive.
869 Not all of it may be applicable to all forms of research. It is up to the
870 researcher to explain to the REB why, in a particular project, some of the
871 listed disclosure requirements do not apply. It is also up to the REB to
872 consider whether all elements are necessary in a given research project.

873 **The Duty To Inform Is Ongoing**

874 **Article 3.3** Free and informed consent must be maintained throughout participation in
875 the research.

876 **Application** Consent encompasses a process that begins with the initial contact and carries
877 through to the end of – and sometimes beyond – the involvement of research

878 participants in the project. Throughout the process, researchers have a
879 continuing duty to provide participants and REBs information relevant to the
880 participant’s free and informed consent to participate in the research. The
881 researcher has the obligation to bring to the participant’s attention changes in
882 circumstances germane to the research or to the particular circumstances of
883 the participant. The participant is, of course, free to withdraw consent at any
884 time for any reason. The ongoing obligation to provide new information that
885 may be relevant to the participant’s consent, however, provides the participant
886 with the opportunity to reconsider the basis for his or her consent in light of
887 the new information. As used in this Policy, the process of free and informed
888 consent refers to the dialogue, information sharing, and general process
889 through which prospective participants choose to participate in research.

890 **Incidental Findings**

891 Incidental findings is a term that describes unanticipated discoveries made in
892 the course of research (or care). This policy is concerned only with incidental
893 findings in the context of research. They are findings that may have important
894 psychological, social, health-related or other implications for the participant,
895 but they are not the focus of the research itself. For example, a sociologist
896 doing research on early childhood education may receive information that a
897 child is suffering abuse, or a health-care worker doing research on one disease
898 may discover evidence that a participant suffers from an entirely different and
899 perhaps more serious disease. In a research setting, this raises particular
900 ethical issues, because the consent process did not anticipate (and perhaps
901 could not have anticipated) that such information would surface. Incidental
902 findings frequently arise in the course of genetic research. This is addressed
903 more specifically in Chapter 13 (“Human Genetic Research”).

904 **Article 3.4** In their research proposal, researchers must:

- 905 (a) Develop a plan for handling incidental findings that their research may
906 reveal and submit their plan to the research ethics board; and
- 907 (b) Advise potential participants of the plan for handling incidental findings
908 in order to obtain free and informed consent.

909 **Application** It is not always possible to anticipate with any specificity the nature of the
910 incidental findings that may surface in the course of research. It is therefore
911 not possible to inform prospective participants in anything but the most
912 general terms of what the research may reveal, beyond the realm of the
913 research question itself.

914 So, for example, social science researchers embarking on questions of a
915 personal nature should inform prospective participants of the legal obligations
916 they are under to reveal information concerning certain types of abuse.
917 Clinical researchers should disclose the possibility that they may come across
918 evidence of other diagnoses beyond the particular condition they are studying.

919 To the extent that certain types of incidental findings are foreseeable,
920 however, researchers should consider these possibilities when engaging in the
921 consent process. The complexity of disclosing serious incidental findings may
922 be mitigated to some extent by how well researchers have prepared
923 participants for at least the possibility of discovering such information.

924 Incidental findings should be considered part of the obligation of ongoing
925 disclosure to participants of information that may be germane to their
926 continued participation in the research. The withholding or transmission of
927 such information, particularly when it may have implications for the health or
928 safety of the participant, may have legal consequences for the researcher.
929 These are outside the scope of this Policy.

930 **Consent Should Precede Research**

931 **Article 3.5** In general, research with human participants should begin only after the
932 participants or their authorized third-party decision-makers have provided
933 their free and informed consent.

934 **Application** In keeping with the principle of autonomy, participants should provide their
935 free and informed consent prior to engaging in research. This is the clearest
936 demonstration that their participation is based on consideration of the risks
937 and benefits of the research and other principles in this Policy.

938 This article does not apply to conversations that researchers, particularly
939 those in the social sciences and humanities, may have with potential
940 participants as part of the development of the design of their research. These
941 preliminary conversations –including, for example, negotiations concerning
942 the terms on which a researcher may engage with a particular community or
943 group – do not in themselves constitute research and therefore do not require
944 consent. (See Chapter 2 [“Scope and Approach”], Articles 9.3 to 9.6 in
945 Chapter 9 [“Research Involving Aboriginal Peoples”] and Article 10.6 in
946 Chapter 10 [“Qualitative Research”]).

947 There are exceptions to this general ethical requirement, however, set out
948 below in Articles 3.8 and 3.9.

949 **Article 3.6** Consent is not required from an organization in order to conduct research on
950 that organization.

951 **Application** Much, but not all, of the research undertaken concerning organizations such
952 as corporations and governments across Canada is likely conducted with the
953 explicit or implicit authorization, acquiescence or cooperation of the
954 organization. Collaboration is often essential to the effective conduct of
955 research – for example, to facilitate recruitment of participants, to enable
956 organizations to fulfil their ethical duties, to coordinate logistical and
957 operational aspects of research, and to respect applicable laws. When

958 individual participants are involved, the ethical principle of respect for
959 autonomy generally requires their voluntary and informed consent.

960 In other instances, when the goals of the research are to undertake the
961 form of research known as critical inquiry (which analyzes social
962 structures or activities, public policies or other social phenomena),
963 community or organizational authorization may be overridden by the
964 potential benefits for society to conduct research on organizations such as
965 corporations or governments. The exception is tailored to the needs of
966 different kinds of research undertaken by social science or humanities
967 researchers whose methods may include seeking knowledge that critiques
968 or challenges the policies and practices of institutions, governments,
969 interest groups or corporations. If institutional approval were required, it
970 is unlikely that research could be conducted effectively on such matters
971 as institutional sexual abuse or a government's silencing of dissident
972 scientists. Important knowledge and insights from research would be
973 forgone.

974 Such an exception and its application requires due consideration to context,
975 as outlined in Chapter 1 ("Ethics Framework"). Since this Policy does not
976 define "organization," REBs and researchers need to evaluate the goal, kind
977 and methodology of any research involving particular organizations, groups
978 or settings. Different considerations may apply to, for example, corporations
979 or governments, in contrast to community centres, schools, hospitals,
980 churches or Aboriginal organizations.

981 **Article 3.7** When conducting research on an organization, researchers should inform
982 potential participants who work within that organization of the extent to
983 which the organization is or is not collaborating with the research. Risk to
984 participants from the organization should be evaluated in relation to the
985 participants' position of power within the organization.

986 **Application** Individuals who are approached to participate in a research project about
987 their organization must have the opportunity to give free and informed
988 consent. In particular, they should be fully informed about the views of the
989 organization's authorities regarding the research, if these are known, and of
990 the possible consequences of participation. In this context, researchers
991 should pay special attention to confidentiality, to ensure that they do not
992 jeopardize the participant's employment or status in the organization.

993 Situations may arise in which an organization, such as a corporation,
994 government, political party or criminal organization, that has been approached
995 about a research project, wishes to prevent that research. Researchers engaging
996 in critical inquiry need to be attentive to risks, both of stigmatization or breach
997 of privacy, to those who participate in research about their organization. In
998 particular, potential participants should be fully informed of the possible
999 consequences of participation.

1000 **B. Departures from General Principles of Consent**

1001 **Article 3.8** The research ethics board (REB) may approve a research proposal and may
1002 waive the requirement to obtain informed consent, provided that the REB
1003 finds and documents that:

- 1004 (a) The research involves no more than minimal risk to the participants;
1005 (b) The waiver is unlikely to adversely affect the well-being and welfare
1006 of the participants;
1007 (c) The research could not practicably be carried out without the waiver;
1008 (d) Whenever possible and appropriate, the participants will be provided
1009 with additional pertinent information after participation; and
1010 (e) The waived consent does not involve a therapeutic intervention.

1011 **Application** In some circumstances, the nature of the research may justify a limited or
1012 temporary departure from the general requirement for free and fully
1013 informed consent prior to participation in research. It is the responsibility of
1014 researchers to justify the need for such a departure. It is the responsibility of
1015 REBs, however, to understand that certain research methodologies
1016 necessitate a different approach to consent and to exercise judgment on
1017 whether the need for the research justifies a limited or temporary exception
1018 to the general requirements in a particular case. (See discussion of different
1019 approaches to consent in Article 10.1 in Chapter 10 [“Qualitative
1020 Research”]).

1021 It should be noted that in cases of randomization and blinding in clinical
1022 trials, neither the research participants nor the researchers know which
1023 treatment arm the participant will be receiving before the research
1024 commences. This is not regarded as a waiver or alteration of the
1025 requirements for consent, however, so long as the research participants or
1026 their authorized representatives are informed of the probability of being
1027 randomly assigned to one arm of the study or another.

1028 **Research Involving Partial Disclosure or Deception**

1029 Some social science research, particularly in psychology, seeks to learn about human
1030 responses to situations that have been created experimentally. Such research can be carried
1031 out only if the participants do not know in advance the true purpose of the research. In
1032 some research, therefore, participants may not know that they are part of a research project
1033 until it is over, or they may be told in advance about the task that they will be asked to
1034 perform, yet given additional information that provides them with a different perspective
1035 on some aspect of the task or experiment and/or its purpose. For example, in questionnaire
1036 research, questions that are central to the researcher’s hypothesis may be embedded within
1037 distracter questions, decreasing the likelihood that participants will adapt their responses to
1038 their perceptions of the true objective of the research. Similarly, social science research that
1039 critically probes the inner workings of publicly accountable institutions might require

1040 limited recourse to partial disclosure or deception in order to be effective. For such
1041 techniques to fall within the exception to the general requirement of full disclosure for free
1042 and informed consent, the research must meet the requirements of Article 3.8.

1043 Where partial disclosure or deception has been used, debriefing is an important mechanism
1044 in maintaining the participant's trust in the research community. The debriefing referred to
1045 in Article 3.8(d) should be proportionate to the sensitivity of the issue. Often, debriefing can
1046 be quite simple and straightforward. In sensitive cases, researchers should provide, in
1047 addition to candid disclosure, a full explanation of why participants were temporarily led to
1048 believe that the research, or some aspect of it, had a different purpose, or why participants
1049 received less than full disclosure. The researchers should give details about the importance
1050 of the research, the necessity of having to resort to partial disclosure or deception, and their
1051 concern about the welfare of the participants. They should seek to remove any
1052 misconceptions that may have arisen and to re-establish any trust that might have been lost,
1053 by explaining why these research procedures were necessary to obtain scientifically valid
1054 findings.

1055 Immediate, full debriefing of all individuals who have contributed data may not be feasible
1056 in all cases. In studies with data collection over a longer term, debriefing may have to be
1057 deferred until the end of the project. In some cases – for example, in research involving
1058 children – it may be more appropriate to debrief the parents, guardians or authorized third
1059 parties rather than the participants themselves. In other cases, it may be more appropriate to
1060 debrief the entire family or community. It may sometimes be appropriate to modify the
1061 debriefing to be sensitive to the participant's needs and feelings.

1062 In studies in which a waiver of prior informed consent has been allowed, it may still be
1063 practicable for participants to exercise their consent at the conclusion of the study, following
1064 debriefing. In cases where a participant expresses concerns about a study, the researcher may
1065 give the participant the option of removing his or her data from the project. This approach
1066 should be used only when the elimination of the participant's data will not compromise the
1067 validity of the research design.

1068 Researchers should be required, as part of their research proposal, to set out the conditions
1069 under which they would not be able to remove a participant's data from the study even if
1070 the participant requested such a withdrawal. Once the deception is revealed, participants
1071 should be given a contact on the REB if they have any concerns about the conduct of the
1072 research.

1073 **Consent in Individual Medical Emergencies**

1074 This section addresses the exception to free and informed consent in situations where an
1075 individual who requires urgent medical care is unable to provide consent, and the delay
1076 to obtain authorized third-party consent could seriously compromise that individual's
1077 health. Certain types of medical emergency practices can be evaluated only when they
1078 occur, hence the need for this exception.

1079 This section is to be distinguished, however, from situations where there is a publicly
1080 declared emergency (such as the SARS crisis or a major flood) that disrupts the ordinary

1081 system for obtaining REB approval for research. The process for research ethics review
1082 during a publicly declared emergency is addressed in Articles 6.21 – 6.23 in Chapter 6
1083 (“Governance of Research Ethics Review”).

1084 **Article 3.9** Subject to all applicable legislative and regulatory requirements, research
1085 involving medical emergencies shall be conducted only if it addresses the
1086 emergency needs of individuals involved, and then only in accordance with
1087 criteria established in advance of such research by the research ethics board
1088 (REB). The REB may allow research that involves medical emergencies to
1089 be carried out without the free and informed consent of the participant or of
1090 his or her authorized third party if *all* of the following apply:

- 1091 (a) A serious threat to the prospective participant requires immediate
1092 intervention;
- 1093 (b) Either no standard efficacious care exists or the research offers a real
1094 possibility of direct benefit to the participant in comparison with
1095 standard care;
- 1096 (c) Either the risk of harm is not greater than that involved in standard
1097 efficacious care, or it is clearly justified by the direct benefits to the
1098 participant;
- 1099 (d) The prospective participant is unconscious or lacks capacity to
1100 understand risks, methods and purposes of the research;
- 1101 (e) Third-party authorization cannot be secured in sufficient time, despite
1102 diligent and documented efforts to do so; and
- 1103 (f) No relevant prior directive by the participant is known to exist.

1104 When a previously incapacitated participant regains capacity, or when an
1105 authorized third party is found, free and informed consent shall be sought
1106 promptly for continuation in the project and for subsequent examinations
1107 or tests related to the study.

1108 **Application** For purposes of studying potential improvement in the treatment of life-
1109 threatening conditions, Article 3.9 outlines an exception, in addition to that
1110 in Article 3.8, to the general obligation of obtaining free and informed
1111 consent from those participating in research.

1112 The exception is intended for a limited class of health research: that which
1113 takes place in emergency situations where obtaining free and informed
1114 consent from the participants is not possible due to loss of consciousness or
1115 capacity, and where free and informed consent from an authorized third
1116 party is not possible due to the urgent time constraints for effective
1117 intervention. Seeking consent in advance is often impossible due to the
1118 unforeseeable nature of the causes of the medical emergency. However,

1119 individuals and those in comparable future situations should not be denied
1120 potential benefits of research because of the inability to consent.

1121 It is the responsibility of researchers to justify to the REB the need for
1122 recourse to this exception. The underlying assumption of Article 3.9 is that
1123 direct research benefits to the participant could not be secured without
1124 forgoing the free and informed consent of the participant or of his or her
1125 authorized third party. Article 3.9 indicates that research in emergency
1126 medicine must be reviewed by the REB, be restricted to the emergency
1127 needs of the participants, and be conducted under criteria designated by the
1128 REB. Article 3.9 outlines the minimal conditions necessary for the REB to
1129 authorize research without free and informed consent in individual medical
1130 emergencies.

1131 It is unethical to expose participants to any additional risk of harm without
1132 their free and informed consent if standard efficacious care exists, unless it
1133 can clearly be shown that there is a realistic possibility of significantly
1134 improving the participant's condition. Accordingly, paragraphs (b) and (c) of
1135 Article 3.9 indicate that researchers and REBs must assess the potential risk of
1136 harms and benefits of proposed research against existing standard efficacious
1137 care.

1138 To respect the autonomy of the research participant, Article 3.9(e) requires
1139 researchers to undertake diligent efforts to contact family members or
1140 authorized third parties, if reasonably feasible, and to document such efforts
1141 for the benefit of both the participant and for the monitoring or continuing
1142 review functions of the REB. The article also requires that research
1143 participants who regain capacity be promptly afforded the opportunity to give
1144 free and informed consent concerning continued participation. Concern for the
1145 patient's well-being is paramount and should be informed by ethical and
1146 professional judgment.

1147 Because their incapacity to exercise free and informed consent makes them
1148 vulnerable, prospective participants for emergency research are owed special
1149 ethical obligations and protection commensurate with the harms involved.
1150 Their interests, rights and welfare should be protected by additional
1151 safeguards, where feasible and appropriate. These might include additional
1152 scientific, medical or REB consultation; procedures to identify potential
1153 participants in advance to obtain free and informed consent prior to the
1154 occurrence of the emergency situation; consultation with former and potential
1155 participants; and special monitoring procedures to be followed by data safety
1156 and monitoring boards.

1157 **C. Capacity**

1158 Capacity refers to the ability of prospective participants to understand relevant information
1159 presented and to appreciate the potential consequences of any given decision. This ability

1160 may vary according to the complexity of the choice being made, the circumstances
1161 surrounding the decision, or the time in question. The capacity to participate in research,
1162 then, may change over time, and depending on the nature of the decision the potential
1163 participant needs to make. Assessing capacity is a question of determining, at a particular
1164 point in time, whether a potential research participant meets the bar for understanding the
1165 nature and consequences, risks and potential benefits, of a particular research project.

1166 One may therefore have diminished capacity and still be able to decide whether to
1167 participate in certain types of research.

1168 Legislation with respect to capacity varies between jurisdictions. Researchers should be
1169 aware of all applicable legislative requirements.

1170 In keeping with the principle of equal moral status, ethical considerations around research
1171 involving those who lack the capacity to give free and informed consent on their own
1172 behalf must seek to balance the vulnerability that arises from their lack of capacity with the
1173 injustice that would arise from their exclusion from the benefits of research. (See
1174 Chapter 4 [“Inclusion in Research”], which addresses these issues in more detail.)

1175 As indicated in Chapter 1 (“Ethics Framework”), respect for human dignity entails high
1176 ethical obligations to vulnerable individuals. Such obligations often translate into special
1177 procedures to promote and protect their interests. The articles that follow detail the special
1178 procedures for research involving individuals who lack the capacity to participate in
1179 particular research projects.

1180 **Article 3.10** For research involving individuals who lack the capacity, either permanently
1181 or temporarily, to decide for themselves whether to participate, the research
1182 ethics board shall ensure that, as a minimum, the following conditions are
1183 met:

- 1184 (a) The researcher should seek free and informed consent from the
1185 authorized third party and shall show how that consent will be sought
1186 from the authorized third party, as well as how the participants’ well-
1187 being and welfare will be protected;
- 1188 (b) The authorized third party should not be the researcher or any other
1189 member of the research team;
- 1190 (c) The ongoing consent of an authorized third party will be required
1191 throughout the participation in research of an individual who lacks
1192 capacity to consent on his or her own behalf; and
- 1193 (d) When a participant who was entered into a research project through
1194 third-party authorization acquires or regains capacity during the course
1195 of the research, his or her informed consent shall be sought as a
1196 condition of continuing participation.

1197 **Application** Article 3.10 provides a means of protecting the interests and dignity of
1198 participants who lack adequate capacity, either permanently or temporarily,

1199 by having authorized third parties make the decision about participation on
1200 their behalf. The decision of the third parties should be based on their
1201 knowledge of the potential participants and on a consideration of the potential
1202 participants' welfare. The third parties should not be in a position of conflict
1203 of interest when making their decision.

1204 Article 3.10 outlines other safeguards to protect the dignity, interests and
1205 integrity of those who lack the capacity to give their free and informed
1206 consent to participation in research. The article details various considerations
1207 relevant to the use of third-party authorization. Beyond the legal requirements
1208 for obtaining free and informed consent from authorized third parties, family
1209 members and friends may provide information about the interests and
1210 previous wishes of prospective participants.

1211 **Article 3.11** Where free and informed consent has been obtained from an authorized
1212 third party, and in those circumstances where a legally incompetent
1213 individual understands the nature and consequences of the research, the
1214 researcher shall seek to ascertain the wishes of the individual concerning
1215 participation. The potential participant's dissent will preclude his or her
1216 participation.

1217 **Application** Many individuals who are legally incompetent may still be able to express
1218 their wishes in a meaningful way, even if such expression may not fulfil the
1219 requirements for free and informed consent. Prospective participants may thus
1220 be capable of verbally or physically assenting to, or dissenting from,
1221 participation in research. Those who may be capable of assent or dissent
1222 include (a) those whose capacity is in the process of development, such as
1223 children whose capacity for judgment and self-direction is maturing; (b) those
1224 who once were capable of making an informed decision about informed
1225 consent, but whose capacity is now considerably, but not completely,
1226 diminished, such as individuals with early Alzheimer's disease; and (c)
1227 those whose capacity remains only partially developed, such as those
1228 suffering from permanent cognitive impairment. While their assent would
1229 not be sufficient to permit them to participate in the absence of consent by
1230 an authorized third party, their expression of dissent must be respected.

1231 **Consent should be documented**

1232 **Article 3.12** Evidence of free and informed consent may be contained either in a signed
1233 consent form or in documentation by the researcher of other means of
1234 consent. Consent may also be demonstrated solely by the actions of the
1235 participant – for example, through the return of a completed questionnaire.

1236 **Application** While it is not necessary for consent itself to be in writing, there should be
1237 some written evidence of the process adopted to obtain free and informed
1238 consent and that demonstrates that consent has been obtained. Such
1239 documentation serves a number of purposes. For the participant, it is
1240 evidence of the fact that he or she has agreed to participate in a particular
1241 research project. Whether or not a consent form is signed, a written

1242 statement of the information conveyed in the consent process, signed or not,
1243 should be left with the participant. It may serve as a reminder to the
1244 participant of the terms of the research. It may also facilitate the ability of
1245 the participant to consider and re-consider his or her involvement as the
1246 research proceeds.

1247 For the researcher, it is evidence that he or she has satisfied the ethical
1248 obligation of obtaining the free and informed consent of the participant prior
1249 to involving that individual in a given research project. In cases where the
1250 consent is inferred from the professional responsibilities of the research
1251 participant, it is not necessary to provide a written confirmation of this to the
1252 research participant. In some cases it may not be appropriate to leave a
1253 written statement, such as in cultural settings where such written
1254 documentation is contrary to prevailing norms.

1255 For the research sponsor, for the REB and for the institution, such evidence
1256 demonstrates that the consent obligations have been fulfilled, at least at the
1257 outset.

1258 Written consent through a signed statement from the participant is a
1259 common means of demonstrating consent. However, for some groups or
1260 individuals, a verbal agreement, perhaps with a handshake, is evidence of
1261 trust, and a request for a signature may imply distrust. In some types of
1262 research, oral consent may be preferable. In others, written consent is
1263 mandatory. Where oral consent is appropriate, the researcher may wish to
1264 make a contemporaneous journal entry of the event and circumstances.
1265 These and like elements may sometimes need to be refined in concert with
1266 the REB, which plays an essential educational and consultative role in the
1267 process of seeking free and informed consent.

1268 The consent process must reflect trust between the research participants and
1269 the researcher. Often this is based on mutual understanding of the project's
1270 intentions. In qualitative research, the nature of the methodology may lead
1271 the research participant to sense attempts to legalize or formalize the process
1272 as a violation of trust. Hence, written consent is not the norm in qualitative
1273 research. Rather, qualitative researchers use a range of consent procedures,
1274 including oral consent, field notes, and other strategies, for documenting the
1275 consent process. In qualitative research conducted with research participants
1276 in positions of authority, trust may be based upon that participant's
1277 confidence in his or her ability to take care of himself or herself or to deter
1278 undesirable behaviour on the part of the researcher by denying access to
1279 social or professional networks, through the threat of litigation or by other
1280 means.

1281 When in doubt about an issue involving free and informed consent,
1282 researchers should consult their REB.

Chapter 4

INCLUSION IN RESEARCH

A. Introduction

An important aspect of the principle of equal moral status is the fair distribution of benefits and burdens in research. Benefits of research participation may be direct, where, for example, an individual participant experiences amelioration of a health condition because of an experimental therapy or learns new information about social issues by participating in a research focus group. Benefits may be indirect, where an individual's research participation contributes to advancement in knowledge that may lead to improved conditions for a group to which the participant belongs or to society in general.

Historically, concern for justice in research involving human participants focused on whether research participants were treated fairly: were they overburdened relative to the direct benefits they received from their participation in research? Contemporary concerns with justice in research have broadened: are the overall benefits and burdens of research distributed fairly, and have disadvantaged individuals and groups received a fair share of the benefits of research?

The above two concerns flow from the principle of equal moral status, which holds that particular individuals or groups in society should neither bear an unfair share of the direct burdens of participating in research, nor should they be unfairly excluded from the potential benefits of research participation. Inclusiveness in research and fair distribution of benefits and burdens should be of concern to researchers, research ethics boards (REBs), research institutions and sponsors.

Overprotectionist attitudes or practices of researchers or REBs that intentionally exclude some members of society from participating in research may, in fact, fail to respect the equal moral status of those individuals and deprive them of the potential benefits of research. For example, age has been used to exclude individuals from participation in research, particularly health research. The result of such exclusion is that insufficient research has been done involving the young and the elderly.

Whether intentional or inadvertent, the exclusion of some from the potential benefits of research violates the principle of equal moral status of all humans. Researchers, institutions and REBs all have important roles to play in advancing that societal commitment and ensuring a fair distribution of the benefits and burdens of research. Research should navigate somewhere between the dangers of exploitation and the dangers of overprotection of research participants.

1317 **B. General Inclusivity of Research**

1318 **Article 4.1** Researchers must not exclude individuals from participation in research
1319 on the basis of attributes such as culture, religion, race, disability, sexual
1320 orientation, ethnicity, sex or age unless there is a valid reason for the
1321 exclusion.

1322 **Application** Article 4.1 is based on the principles of equal moral status and just
1323 distribution of benefits of research participation across all groups in society.
1324 It imposes a duty on researchers not to discriminate against individuals or
1325 groups for reasons that are unrelated to the research inquiry. Groups have
1326 been disadvantaged in the context of research on the basis of characteristics
1327 such as sex, colour, ethnicity, age and disability. Among those who have
1328 been disadvantaged in the context of research, women warrant special
1329 consideration, as elaborated on in Article 4.3.

1330 Article 4.1 is not intended to preclude research focused on a single living
1331 individual (such as in a biography) or on a group of individuals who share a
1332 specific characteristic (as in a study of an identifiable group of painters who
1333 happen to be all of one sex, race or religion, or of a religious order that is
1334 restricted to one sex).

1335 Researchers who plan to actively exclude particular groups from research
1336 must explain the exclusion to the REB. The REB will assess the validity
1337 and reasonableness of the exclusion, based on the nature of the research
1338 inquiry, the context in which the research is conducted, and other
1339 objective grounds for the inclusion and exclusion criteria.

1340
1341 **Article 4.2** Individuals who are not proficient in the language used by the researchers
1342 should not be automatically excluded from the opportunity to participate in
1343 research.

1344 **Application** The exclusion of potential research participants on the basis of language
1345 proficiency may undermine the objective of Article 4.1 to avoid exclusions
1346 based on culture, race or ethnicity. With appropriate measures to ensure
1347 effective communication between potential participants and researchers,
1348 language proficiency should not bar inclusion in research. Where a
1349 language barrier exists, various measures may be used to ensure effective
1350 communication between potential participants and researchers in
1351 recruitment and informed consent discussions. For example, an
1352 intermediary who is not part of the research study or team, but who is
1353 competent in the language used by the researchers as well as that chosen by
1354 the research participant may assist with communication between potential
1355 participants and researchers. The intermediary's activities will depend on
1356 the nature and risks of the research. For example, where risks are minimal
1357 and researchers intend to seek oral consent from participants, an
1358 intermediary may help facilitate oral communication. In other situations

1359 involving written consent materials, the intermediary may translate or
1360 approve an existing translation of consent documents and any other
1361 information relevant to participation in the study. The intermediary should
1362 not be in a role or relationship that may influence the potential participant's
1363 free and informed consent.

1364 **C. Research Involving Women**

1365 Women have historically been inappropriately excluded from participating in some
1366 research. Exclusion of women, where unwarranted, delays advancement of knowledge,
1367 denies potential benefits to women, and may expose them to harm if research findings
1368 from male-only studies are generalized inappropriately to women. The inclusion of
1369 women in research advances the commitment to equal moral status, improves the
1370 generalizability of research results where that is a goal of the research, and is essential to
1371 ensure that women and men benefit equally from research.

1372 **Article 4.3** Women must not be automatically excluded from research solely on the
1373 basis of sex or reproductive capacity.

1374 **Application** Like Article 4.1, Article 4.3 imposes obligations on REBs and
1375 researchers to ensure equitable treatment of potential participants. While
1376 some research is properly focused on particular research populations that
1377 do not include women or include very few women, women should be
1378 represented in most studies.

1379 Article 4.3 rejects discriminatory and unethical use of inclusion or exclusion
1380 criteria that presumptively or automatically exclude women because of their
1381 sex or reproductive capacity. In considering research on pregnant or
1382 breastfeeding women, researchers and REBs must, however, take into
1383 account potential harms and benefits for the woman and her embryo, fetus
1384 or infant.

1385 **D. Research Involving Vulnerable Persons or Groups**

1386 Respect for equal moral status and welfare entails special ethical obligations toward
1387 individuals or groups who may be vulnerable in the context of research, such as children
1388 and individuals who are institutionalized, or those in dependent situations or other
1389 situations that may compromise voluntariness of consent. Researchers and REBs should
1390 be mindful of the fact that poverty may also impede an autonomous choice to participate
1391 in research.

1392 **Article 4.4** Vulnerable individuals or groups must not be automatically excluded from
1393 research that may benefit them or a group to which they belong.

1394 **Application** Characteristics that may make an individual or group vulnerable in the
1395 context of research may vary over time and with changing circumstances.
1396 Also, individuals should not automatically be considered vulnerable

1397 because of a group with which they may be identified. Researchers and
1398 REBs should recognize and address changes in a participant’s
1399 circumstances that may create, heighten or attenuate vulnerability and
1400 provide special protections for those who are vulnerable to abuse,
1401 exploitation or discrimination. Researchers and REBs should also be
1402 aware of applicable laws, regulations and other requirements that
1403 establish rules regarding participation of vulnerable individuals in
1404 research.

1405 Children may be particularly vulnerable as research participants because
1406 of their developmental status. Researchers and REBs must consider a
1407 child’s stage of physical, physiological, psychological and social
1408 development to ensure adequate protections for a child’s welfare.
1409 Physical or psychological harms a child experiences in a research setting
1410 may have long-lasting effects. In addition to vulnerability that arises from
1411 their developmental status, children may also lack capacity to give
1412 consent to participate in research.

1413 Similarly, adults who are institutionalized may be vulnerable because
1414 they live under the care of others, but they may also lack capacity to
1415 consent due to cognitive disability or other impairment. The following
1416 section provides further guidance on the ethical conduct of research with
1417 participants who cannot give consent for themselves.

1418 **E. Research Involving Those Who Lack Capacity to** 1419 **Consent for Themselves**

1420 Respect for equal moral status and concern for welfare entails special ethical obligations
1421 toward individuals who do not have capacity to give free and informed consent for research
1422 participation. Individuals who do not have capacity to give consent to participate in
1423 research should not be automatically excluded from research. Based on the core principle
1424 of concern for welfare, however, this section sets out conditions that apply to research
1425 involving those who cannot give consent for themselves. This section should be read in
1426 conjunction with Section C (“Capacity”) of Chapter 3 (“Free and Informed Consent”).

1427 **Article 4.5** Where a researcher seeks to involve individuals in research who do not
1428 have capacity to give free and informed consent, the researcher must
1429 satisfy the research ethics board that:

1430 (a) The research question can be addressed only with the participation of
1431 individuals who do not have capacity to consent; and

1432 (a) If the research involves more than minimal risk, it has the potential to
1433 provide direct benefits for participants or a group to which they belong.

1434 **Application** This Policy recognizes the need to include individuals or groups in
1435 research who have historically been excluded, including those who lack

1436 capacity to give consent for themselves. For example, young children and
1437 individuals with cognitive or intellectual disabilities may lack capacity to
1438 give consent to participate in particular research initiatives. Yet the
1439 advancement of knowledge about their social, psychological and health
1440 experiences and needs may depend on their participation in research.

1441 Article 4.5 and Article 3.10 in Chapter 3 (“Free and Informed Consent”)
1442 establish conditions regarding research that involves individuals who lack
1443 capacity to give consent. Researchers and REBs must consider the degree
1444 of risk to which participants are exposed and the potential of direct
1445 benefits to the participant or a group to which they belong.

1446 Note: The World Medical Association Declaration Of Helsinki: Ethical Principles For
1447 Medical Research Involving Human Subjects (October 2008), s. 27, states, with respect
1448 to research involving those who lack capacity, that “these individuals must not be
1449 included in a research study that has no likelihood of benefit for them unless it is
1450 intended to promote the health of the population represented by the potential subject, the
1451 research cannot instead be performed with competent individuals, and entails only
1452 minimal risk and minimal burden.” The Panel presents this statement here as a point of
1453 comparison in the discussion of proposed Article 4.5.

Chapter 5

1454

1455

PRIVACY AND CONFIDENTIALITY

1456 There is widespread agreement about the rights of research participants to privacy and
1457 the corresponding duties of researchers to treat personal information in a confidential
1458 manner. Indeed, the respect for privacy in research is an internationally recognized norm
1459 and ethical standard. Privacy rights are protected in the Canadian Constitution,¹ our
1460 country's most fundamental statement of rights and freedoms, and they are also
1461 protected in federal and provincial/territorial statutes. Model voluntary codes² have also
1462 been adopted to govern access to, and the protection of, personal information. Some
1463 professional organizations have also established privacy codes that establish the rights
1464 and obligations of their members regarding collection, use and disclosure of personal
1465 information.

1466 This Policy is based on a proportionate approach to ethical assessment of research,
1467 where more stringent review and protections are applied to research that poses greater
1468 risks to participants. Privacy risks in research relate to the identifiability of participants
1469 and the potential harms they may experience from collection, use and disclosure of
1470 personal information. Privacy risks arise at all stages of the research life cycle, including
1471 initial collection of information, use and analysis to address research questions,
1472 dissemination of research results, retention of information, and disposal of research
1473 records or devices on which information is stored. Researchers and research ethics
1474 boards (REBs) should identify and mitigate privacy risks, keeping in mind that a matter
1475 that is not considered sensitive or embarrassing in the researcher's culture may be so in a
1476 prospective participant's culture.

1477 **A. Key Definitions and Principles**

1478 **Privacy**

1479 Privacy refers to an individual's right to be free from intrusion or interference by others.
1480 It is a fundamental right in a free and democratic society. Individuals have privacy
1481 interests in relation to their bodies, personal information, thoughts and opinions,
1482 personal communications with others, and spaces they occupy. Research affects these
1483 various domains of privacy in different ways, depending on its objectives and methods.
1484 An important aspect of privacy is the right to control information about oneself. The
1485 concept of consent is related to the right to privacy. Privacy is respected if an individual
1486 has an opportunity to exercise control over personal information by consenting to, or
1487 withholding consent for, collection, use and/or disclosure of information. (For further
1488 discussion of consent, see Chapter 3 ["Free and Informed Consent"].)

1489 **Confidentiality**

1490 The duty of confidentiality refers to the obligation of an individual or organization to
1491 safeguard information entrusted to it by another. The duty of confidentiality includes
1492 obligations to protect information from unauthorized access, use, disclosure,
1493 modification, loss or theft. Fulfilling the duty of confidentiality is essential to the trust
1494 relationship between researcher and research participant, and to the integrity of the
1495 research enterprise.

1496 **Security**

1497 Security refers to measures used to protect information. It includes physical,
1498 administrative and technical safeguards. An individual or organization fulfils its
1499 confidentiality duties, in part, by adopting and enforcing appropriate security measures.
1500 Physical safeguards include use of locked filing cabinets and location of computers
1501 containing research data away from public areas. Administrative safeguards include
1502 development and enforcement of organizational rules about who has access to personal
1503 information about research participants. Technical safeguards include use of computer
1504 password, firewall, anti-virus, encryption and other measures that protect data from
1505 unauthorized access, loss or modification.

1506 **Types of Information**

1507 Researchers collect, use, share and seek access to different types of information about
1508 research participants. Privacy concerns are strongest in regard to information that
1509 identifies a specific research participant, and they attenuate as it becomes more difficult
1510 or impossible to associate information with a particular participant. Privacy concerns
1511 also vary with the sensitivity of the information and the extent to which access, use or
1512 disclosure may harm an individual by exposing them to embarrassment, stigma,
1513 discrimination or other detriments.

1514 Information may be categorized as follows:

- 1515 • Identifying information: The information identifies a specific research participant
1516 through direct identifiers (e.g., name, address, social insurance number or
1517 personal health number).
- 1518 • Identifiable information: The information could be used to re-identify a
1519 participant through a combination of indirect identifiers (e.g., date of birth, place
1520 of residence or unique personal characteristic) using reasonably foreseeable
1521 means.
- 1522 • De-identified/coded information: Identifiers are removed and replaced with a
1523 code. Depending on access to the code, it may be possible to re-identify specific
1524 research participants (e.g., participants are assigned a code name and the
1525 principal investigator retains a list that links the code name with the participant's

1526 actual name so data can be re-linked if necessary.) Researchers who have access
1527 to the code and the data have identifiable information.

1528 • Anonymized information: Information is irrevocably stripped of identifiers, and
1529 a code is not kept to allow future re-linkage.

1530 • Anonymous information: Information never had identifiers associated with it
1531 (e.g., anonymous surveys).

1532 In this Policy, the term “personal information” refers to identifying and identifiable
1533 information about an individual. This includes identifiable information about personal
1534 characteristics such as age, culture, educational background, employment history, health
1535 care, life experiences, religion, social status and other matters where an individual has a
1536 reasonable expectation of privacy. In assessing privacy risks, researchers and REBs
1537 should also consider the possibility that, despite the removal of personal identifiers, a
1538 small or unique group (such as a group with a rare condition or an Aboriginal
1539 community) may be identified. Individuals within that group may experience stigma,
1540 embarrassment or other harm resulting from being identified individually or being
1541 associated with the group. If researchers are uncertain if the information to which they
1542 seek access constitutes personal information under this Policy, they should consult their
1543 REB.

1544 Collection and use of anonymous data in research is the easiest way to protect
1545 participants, although this is not always possible or desirable. A “next-best” alternative
1546 is to anonymize the data at the earliest opportunity. While anonymization often protects
1547 participants from identification, the ability to link anonymized datasets with other
1548 information sources may lead to re-identification of individuals. Growing technological
1549 capacities facilitate re-identification, as is discussed in Section E (“Data Linkage”).
1550 Failing the feasibility of using anonymous or anonymized data for research – and there
1551 are many reasons why data may need to be gathered and retained in an identifiable form
1552 – the duty of confidentiality becomes paramount.

1553 **B. The Duty of Confidentiality**

1554 **Article 5.1** Researchers must maintain confidentiality of personal information about
1555 research participants, subject to any legal and ethical duties to disclose
1556 confidential information.

1557 **Application** When researchers obtain personal information with a promise of
1558 confidentiality, following through with that promise is integral to respect for
1559 research participants and the integrity of the research enterprise. Breaches of
1560 confidentiality may cause harm to the trust relationship between the
1561 researcher and the research participant, to other individuals or groups, and/or
1562 to the reputation of the research community.

1563 The duty of confidentiality applies to information obtained directly from
1564 participants or from other researchers or organizations that have legal,
1565 professional or other obligations to maintain the confidentiality of personal

1566 records.

1567 A researcher's duty of confidentiality is not absolute. In certain exceptional
1568 and compelling circumstances, researchers may have legal and ethical
1569 obligations to disclose information revealed to them in confidence, such as
1570 reporting information to authorities to protect the health, life or safety of a
1571 research participant or third party. Researchers should be aware of laws
1572 (such as laws that require reporting of children in need of protection) or
1573 ethical codes (such as professional codes of conduct) that may require
1574 disclosure of information they obtain in a research context.

1575 Researchers who believe they may have a legal or ethical duty to disclose
1576 information obtained in a research context should consult with colleagues,
1577 any relevant professional body, the REB and/or legal counsel regarding
1578 an appropriate course of action.

1579 **Article 5.2** Researchers must describe measures for meeting confidentiality obligations
1580 and explain any limits on confidentiality:

1581 (a) In application materials they submit to the research ethics board; and
1582 (b) During informed consent discussions with potential research
1583 participants.

1584 **Application** Researchers should inform potential research participants of these legal
1585 and/or ethical disclosure duties at the time of obtaining consent so the
1586 participants understand the limits of the confidentiality promise.

1587 Researchers should also inform participants if personal information may be
1588 provided to government departments or agencies, personnel from an agency
1589 that monitors the research, a research sponsor (such as a pharmaceutical
1590 company), the REB or a regulatory agency.

1591 In rare cases, a third party may seek access to information obtained and/or
1592 created in a research context. An access request may seek voluntary
1593 disclosure of information or may seek to compel disclosure through force
1594 of law (such as seeking a subpoena). Researchers must make reasonable
1595 efforts to maintain their promise of confidentiality to research participants
1596 within the extent permitted by law and ethical principles. This may
1597 involve resisting requests for access, such as opposing court applications
1598 seeking disclosure.

1599 When designing their research, researchers should incorporate any
1600 applicable statute-based or other legal principles that may afford
1601 protection for the privacy of participants and confidentiality of research
1602 information.

1603 **C. Safeguarding Information**

1604 **Article 5.3** Researchers should assess privacy risks and threats to the security of
1605 information for all stages of the research life cycle and implement
1606 appropriate measures to protect information. Researchers must provide
1607 details to the research ethics board regarding their proposed measures for
1608 safeguarding information, for the full life cycle of information – that is, its
1609 collection, use, dissemination, retention and disposal.

1610 **Application** Safeguarding information helps respect the privacy of research
1611 participants and helps researchers fulfil their confidentiality obligations.
1612 In adopting measures to safeguard information, researchers should follow
1613 disciplinary standards and practices for the collection and protection of
1614 information for research purposes. Formal privacy impact assessments are
1615 required in some institutions and under legislation or policy in some
1616 jurisdictions. Security measures should take into account the nature and
1617 type of data (e.g., paper records or electronic data stored on a mobile
1618 device; whether information contains direct or indirect identifiers).
1619 Principles for safeguarding information apply both to original documents
1620 and copies of information.

1621 Factors relevant to the REB’s assessment of the adequacy of the researchers’
1622 proposed measures for safeguarding information include:

- 1623 (a) The type of information to be collected;
- 1624 (b) The purpose for which the information will be used;
- 1625 (c) Limits on the use, disclosure and retention of the information;
- 1626 (d) Appropriate security safeguards for the full life cycle of information;
- 1627 (e) Any modes of observation (e.g., photographs or videos) or access to
1628 information (e.g., sound recordings) in the research that may allow
1629 identification of particular participants;
- 1630 (f) Any intended uses of personal information from the research; and
- 1631 (g) Any anticipated linkage of data gathered in the research with other
1632 data about participants, whether those data are contained in public or
1633 personal records. (See also Section E [“Data Linkage”].)

1634 In considering the adequacy of proposed data protection measures for the
1635 full life cycle of information, REBs should not automatically impose a
1636 requirement that researchers destroy the research data. Data retention
1637 periods vary depending on the research discipline, research purpose and
1638 kind of data involved. Data destruction is not a typical part of the
1639 qualitative research process; in some situations formal data sharing with
1640 participants may occur – for example, by giving individual participants
1641 copies of a recording or transcript as a gift for personal, family or other

1642 archival use. Similarly, some funding bodies, such as the Social Sciences
1643 and Humanities Research Council and the Canadian Institutes of Health
1644 Research, have specific policies on data archiving and sharing.³

1645 In disseminating research results, researchers should not disclose direct
1646 identifiers without the consent of research participants. Researchers
1647 should take reasonable measures to ensure against inadvertent
1648 identification of individuals or groups in publications or other means of
1649 dissemination, and they must address this issue to the satisfaction of the
1650 REB.

1651 In some instances, participants may wish to be identified for their
1652 contributions to the research. Where possible, researchers should
1653 negotiate agreement with participants about if and how participants may
1654 be identified to recognize their contribution. Negotiation may help resolve
1655 any disagreement on this issue between individual participants and groups
1656 of which they are a member (where, for example, an individual wants to
1657 be recognized, but the broader group or community expresses objection).
1658 Researchers and REBs should also pay heed to disciplinary standards
1659 regarding identification and acknowledgment of research participants.

1660 In disseminating results, researchers should avoid being put in a position of
1661 becoming informants for authorities or leaders of organizations. For
1662 example, when records of prisoners, employees, students or others are used
1663 for research purposes, the researcher should not provide authorities with
1664 results that could identify individuals, unless the prior written consent of the
1665 participants is obtained. Researchers may, however, provide administrative
1666 bodies with aggregated data that cannot be linked to individuals, for
1667 purposes such as policy-making or program evaluation. To obtain informed
1668 consent, researchers should advise potential participants if aggregated data
1669 from a study may be disclosed, particularly where such disclosure may pose
1670 risk of harm to the participants. For example, aggregate data provided to
1671 authorities about illicit drug use in a penitentiary may pose harms to the
1672 prisoners, even though they are not identified individually.

1673 Consideration of future uses of personal information refers not just to
1674 research, but also to other purposes, such as the future use of research videos
1675 for educational purposes. It is essential that proposed future uses of
1676 information be specified in sufficient detail that prospective participants
1677 may give free and informed consent. In most cases, it is inappropriate to
1678 seek prospective permission for unspecified future uses of personal
1679 information at the same time consent is being sought for participation in a
1680 specific study. (Refer to Chapter 12 [“Human Tissue”] for guidance on
1681 establishment of large-scale biobanking projects where participants may
1682 have an option of agreeing to broader categories of future uses.) Secondary
1683 use of personal information is discussed further in the next section of this
1684 chapter, and Chapter 3 (“Free and Informed Consent”) addresses free and

1685 informed consent in detail.

1686 Internet research may raise special privacy, confidentiality and security
1687 issues that researchers and REBs need to take into account. Research data
1688 sent over the Internet may require encryption or use of special
1689 denominalization software to prevent interception by unauthorized
1690 persons or other risks to data security. In general, identifying data
1691 obtained through research that is kept on a computer and connected to the
1692 Internet should be encrypted.

1693 **Article 5.4** Institutions or organizations where research data are held have a
1694 responsibility to establish appropriate institutional security safeguards.

1695 **Application** In addition to the security measures researchers implement to protect data,
1696 safeguards put in place at the institutional or organizational level also
1697 provide important protection. Such data security safeguards should
1698 include physical, administrative and technical measures.

1699 **D. Secondary Use of Personal Information for**
1700 **Research Purposes**

1701 Secondary use refers to the use in research of personal information originally collected for a
1702 purpose other than the current research purpose. Common examples are social science or
1703 public health survey datasets that are collected for specific research or statistical purposes,
1704 but then re-used to answer other research questions. Other examples are health-care or
1705 school records or biological specimens, originally created or collected for therapeutic or
1706 educational purposes, but later sought for use in research. Chapter 12 (“Human Tissue”)
1707 provides further guidance on research involving secondary use of previously collected human
1708 tissue.

1709 Secondary use avoids duplication in primary collection and therefore reduces burdens and
1710 costs for participants and researchers. Privacy concerns arise, however, when information can
1711 be linked to individuals and when the possibility exists that individuals can be identified in
1712 published reports.

1713 Personal information refers to identifying and identifiable information, as described in
1714 Section A of this chapter (“Key Definitions and Principles”). Articles 5.5 and 5.6 do not
1715 apply to secondary use of information that is anonymous, anonymized or de-
1716 identified/coded and where the research team has no access to the code. For example, this
1717 article does not apply to a researcher who receives a de-identified dataset from an
1718 organization, but who does not have access to a code that permits re-identification of
1719 individuals. Research use of personal information that relies exclusively on publicly
1720 available sources such as public archives and published works does not require REB review,
1721 as discussed in Chapter 2 (“Scope and Approach”).

1722 **Article 5.5** Researchers must seek research ethics board (REB) approval for secondary
1723 research use of personal information. Researchers must satisfy the REB

- 1724 that:
- 1725 (a) Identifying or identifiable information is essential to the research;
- 1726 (b) They will take appropriate measures to protect the privacy of the
1727 individuals, to ensure the confidentiality of the data, and to minimize
1728 harms to participants;
- 1729 (c) Individuals to whom the data refer did not object in principle to
1730 secondary use at the initial stage of collection or otherwise make known
1731 their objection; and
- 1732 (d) They have obtained any other necessary (e.g., legal) permission to
1733 access personal information for secondary research purposes.

1734 **Application** If a researcher satisfies the conditions in Article 5.5(a) to (d), the REB may
1735 approve the research without requiring consent from individuals to whom the
1736 information relates.

1737 Databases vary greatly in the degree to which information identifies or could
1738 be used to identify individuals. The REB must carefully appraise the
1739 possibility of identification and the harm or stigma that might result from
1740 identification. A proportionate approach should be applied by the REB to
1741 evaluate the identifiability of the information in the database and to modulate
1742 its own requirements accordingly.

1743 REBs and researchers should be sensitive to the context in which
1744 information was initially obtained, such as in a relationship of trust and
1745 confidence, as well as to the understanding and/or expectations of the
1746 individual about use, retention and disclosure of the information. Known
1747 objections to secondary use should be respected. An individual may express
1748 objection to future uses at the time of initial data collection or may, at some
1749 later point, contact the organization or individual who holds the data to
1750 request that it not be used for secondary research. For example, a former
1751 patient may hear in the media about research being conducted at a local
1752 hospital and contact the facility administrators to request that her or his
1753 medical records (in their identifying or identifiable form) not be used for
1754 research.

1755 Legislation governing protection of personal information may impose specific
1756 rules regarding disclosure of personal information for secondary research
1757 purposes. These laws may require the individual or organization that has
1758 custody or control of requested personal information to obtain approval from
1759 a privacy commissioner or other body before disclosing information to
1760 researchers, and may impose additional requirements such as information
1761 sharing agreements that describe conditions for disclosure of personal
1762 information. Researchers should be aware of relevant laws that regulate
1763 disclosure of personal information for research purposes.

1764 **Article 5.6** In highly sensitive situations, such as when personal information will be
1765 published or other instances where there is a substantial privacy risk, the
1766 research ethics board (REB) may require that a researcher's access to
1767 personal information for secondary use be dependent on the informed
1768 consent of individuals about whom the information relates or the
1769 informed consent of authorized third parties, unless it is impossible or
1770 impracticable to obtain consent.

1771 If the REB is satisfied that it is impossible or impracticable to obtain
1772 consent, it may require that access to personal information be dependent
1773 on:

- 1774 (a) An appropriate strategy for communicating to relevant groups that
1775 personal information is intended to be used for a specified research
1776 purpose; or
1777 (b) Consultation with representatives of individuals or groups about whom
1778 the information relates.

1779 Researchers must report outcomes of communication or consultation under
1780 (a) or (b) to the REB.

1781 **Application** In considering the applicability of this article, REBs should apply a
1782 proportionate approach to ethical assessment of research. This involves
1783 considering the likelihood and magnitude of privacy risks for individuals
1784 about whom the information relates, as well as the potential benefits of the
1785 research.

1786 Where use of identifying or identifiable information for secondary research
1787 raises a substantial privacy risk, Article 5.6 states that the REB may require
1788 researchers to seek consent from individuals or authorized third parties. It
1789 may, however, be impossible or impracticable to contact all individuals or
1790 authorized third parties to obtain informed consent for secondary research
1791 use of information. In some jurisdictions, privacy laws may preclude
1792 researchers from using personal information to contact individuals to seek
1793 their consent for secondary use of information. Consent may also be
1794 impossible or impracticable when the group is large or its members are likely
1795 to be deceased, geographically dispersed or difficult to track. Attempting to
1796 track and contact members of the group may raise additional privacy
1797 concerns. Seeking consent from only a partial set of group members may
1798 introduce undesirable bias into the research. Financial, human and other
1799 resources required to contact individuals and obtain consent may impose
1800 undue hardship that jeopardizes the research.

1801 Where an REB is satisfied that consent is impossible or impracticable,
1802 Article 5.6(a) states that the REB may require an appropriate strategy for
1803 distributing information to relevant groups about the proposed research. For

1804 example, researchers who propose to access identifiable patient records may
1805 post notices or distribute pamphlets at a health-care centre, because former
1806 patients may still have contact with the centre. Alternatively, under Article
1807 5.6(b), the REB may require that there be consultation with representatives
1808 of the individuals or group. For example, researchers may develop a way to
1809 sample the opinions of a subset of individuals in the group or contact one or
1810 more organizations that are likely to represent the views and interests of the
1811 individuals. The goal of such communication or consultation is to provide an
1812 opportunity for input regarding the proposed research. In some situations, the
1813 consultation under Article 5.6(b) may take place with an organization that
1814 provides access to personal information. For example, researchers who
1815 obtain a dataset of personal information from a government agency may
1816 consult with that agency about the proposed research.

1817 In their application materials, researchers must explain to the REB why it is
1818 impossible or impracticable to obtain informed consent from individuals.
1819 Their application should also propose a communication or consultation
1820 strategy for the REB's consideration. Where the REB is satisfied that
1821 consent is impossible or impracticable, and that the sensitivity of the
1822 situation warrants communication or consultation under Article 5.6(a) or (b),
1823 the researchers must report the outcomes of those activities to the REB. For
1824 example, if consultation with a representative group reveals concern with an
1825 aspect of the proposed research, researchers must report this feedback to the
1826 REB. Any changes to the research must comply with guidelines regarding
1827 departures from approved research, as set out in Article 6.16 of Chapter 6
1828 (“Governance of Research Ethics Review”).

1829 **Article 5.7** Researchers who wish to contact individuals about whom personal
1830 information relates must obtain research ethics board approval prior to
1831 contact.

1832 **Application** In certain cases, a research goal may be achieved only through follow-up
1833 contact with individuals to collect additional information. However, contact
1834 with individuals whose previously collected information is used for
1835 secondary research purposes raises privacy concerns, especially where a
1836 relationship with individuals has not been maintained. Individuals might not
1837 want to be contacted by researchers or might be upset that their information
1838 was disclosed to researchers. The research benefits of follow-up contact
1839 must clearly outweigh the potential harms to individuals of follow-up
1840 contact, and the REB must be satisfied that the proposed manner of follow-
1841 up contact minimizes potential harms for individuals.

1842 **E. Data Linkage**

1843 **Article 5.8** Researchers who wish to engage in data linkage that may lead to
1844 identification of individuals must obtain research ethics board approval prior
1845 to carrying out the data linkage.

1846 **Application** Advances in our abilities to link databases create both new research
1847 opportunities and new threats to privacy. These techniques may provide
1848 avenues for addressing previously unanswerable questions and for
1849 generating better social and health-related information. The values
1850 underlying the ethical obligation to respect privacy oblige researchers and
1851 REBs to exercise caution in the creation and use of data of this kind. REBs
1852 should also be aware of relevant legislation and any criteria required by
1853 governments for authorization of use of data in governmental databanks.⁴

1854 Only a restricted number of individuals should perform the function of
1855 merging databases. Researchers should either destroy the merged file
1856 immediately after use, or use enhanced security measures to store it.
1857 Whether the data are to be used statistically or otherwise, all members of the
1858 research team must maintain security of the information. When a merged
1859 database identifies a person or a group who might be at risk of substantial
1860 harm, it may be appropriate to contact those at risk or the appropriate
1861 authorities. The REB and the record holder should also be notified.

Endnotes

¹ See *Canadian Charter of Rights and Freedoms*, Part I of the *Constitution Act, 1982*, being Schedule B to the *Canada Act 1982 (U.K.)*, 1982, c. 11.

² See, for example, the Canadian Standards Association's Model Code for the Protection of Personal Information.

³ See the SSHRC Research Data Archiving Policy and the CIHR Policy on Access to Research Outputs.

⁴ See, for example, *Statistics Act*, Revised Statutes of Canada, 1985, Chapter S-19 as amended.

Chapter 6

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1863

GOVERNANCE OF RESEARCH ETHICS REVIEW

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This chapter sets out the process of research ethics review: the elements necessary to establish a research ethics board (REB) and operational guidelines for the REBs and the review process, both initially and throughout the course of the research project. It also includes guidelines for the conduct of research ethics review during publicly declared emergencies.

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A key goal in establishing an appropriate governance structure for research ethics review is to ensure that REBs operate with a clear mandate and authority and that roles and responsibilities are clearly defined. REBs need operational independence to carry out their role effectively and to properly apply the core principles of welfare, autonomy and equal moral status to their review of research projects. These operational guidelines are meant to ensure that independence, yet to be flexible enough to apply in various contexts, at institutions of various sizes, and to the full range of research disciplines, fields and methodologies.

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A. Establishment of Research Ethics Boards

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Authority and Powers

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Article 6.1 Institutions shall establish independent research ethics boards to review the ethical acceptability of research involving humans conducted within their jurisdiction or under their auspices – that is, by their faculty, staff or students regardless of where the research is conducted, in accordance with this Policy.

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Application In fulfilling this responsibility, institutions are required to develop the necessary structure of independent REBs for the ethics review of research involving humans.

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Where research with human participants takes place within the jurisdiction or under the auspices of an institution, that institution must establish an REB (or REBs) capable of reviewing the ethical acceptability of that research. To ensure integrity and safeguard public trust in the research process, the REB must maintain an arm's-length relationship with, and act independently from, the parent organization.

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The number of REBs and the expertise of their members will depend on the range and volume of research for which that institution is responsible, in accordance with the articles below relating to composition and membership.

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1895 **Article 6.2** The highest appropriate body within an institution shall establish the research
1896 ethics board (REB) or REBs and provide them with sufficient and appropriate
1897 financial and administrative independence to fulfil their duties. REBs shall
1898 report directly to the highest level of the institution that has the overall
1899 responsibility for research involving humans conducted under its auspices or
1900 within its jurisdiction.

1901 **Application** REBs should be established by and report to the highest appropriate body of the
1902 institution. This could be an individual such as the president, rector, or chief
1903 executive officer, or an equivalent body such as a governing council or board of
1904 directors. The highest body may delegate the reporting function as it deems
1905 appropriate.

1906 In order to ensure that REBs are able to operate effectively and
1907 independently, institutions should dedicate the appropriate financial and
1908 human resources to their support. Institutional policies and procedures should
1909 also support and promote the effective and independent operation of REBs.
1910 Similarly, institutions should avoid situations that may undermine the
1911 independence of REBs. For example, REBs should not report (other than for
1912 purely administrative purposes) to institutional officers who are directly
1913 responsible for promoting research, as this may result in situations of real or
1914 apparent conflict of interest. (See Chapter 7 [“Conflict of Interest”].)

1915 While the REB should have the independence to conduct ethics review free
1916 of inappropriate influence, it remains accountable to the institution for the
1917 integrity of its processes, including its decision-making processes. REB
1918 independence, therefore, does not mean that the REB is immune from
1919 scrutiny.

1920 **Article 6.3** The institution grants the research ethics board the mandate to review the ethical
1921 acceptability of research on behalf of the institution, including approving,
1922 rejecting, proposing modifications to, or terminating any proposed or ongoing
1923 research involving human participants that is conducted under the auspices or
1924 within the jurisdiction of the institution, using the considerations set forth in this
1925 Policy.

1926 **Application** The institution shall delegate the authority of the REB through its normal process of
1927 governance. In defining the scope of the REB’s mandate, the institution must clearly
1928 define the types of research that the REB may review. Where the institution requires
1929 more than one REB, it should establish a mechanism to coordinate the operations of
1930 all its REBs and clarify their relationship with each other and with other relevant
1931 bodies or authorities. An institution may wish to use different models for the ethics
1932 review of research conducted under its auspices. Institutions must have clear written
1933 policies describing the mandate of each REB.

1934 Institutions must respect the authority delegated to the REB. While an

1935 individual researcher may appeal a decision of an REB, an institution may
1936 not override REB decisions simply to promote or prevent a particular
1937 research project. Institutions may, however, as a matter of policy, refuse to
1938 allow certain types of research to be conducted under its auspices regardless
1939 of the ethical acceptability of that research.

1940 **REB Composition**

1941 *Basic REB Membership Requirements*

1942 The membership of the REB is designed to ensure competent independent research ethics
1943 review. Provisions respecting its size, composition, terms of appointment and quorum are set
1944 out below.

1945 **Article 6.4** The research ethics board (REB) shall consist of at least five members, of
1946 whom:

1947 (a) At least two members have expertise in relevant research disciplines and
1948 methodologies covered by the REB;

1949 (b) At least one member is knowledgeable in ethics;

1950 (c) At least one member is knowledgeable in the law (but that member should
1951 not be the institution's legal counsel or risk manager); and

1952 (d) At least one member has no affiliation with the institution, but is recruited
1953 from the community served by the institution and has relevant experience or
1954 training.

1955 **Application** This minimum requirement for REB membership brings to bear the necessary
1956 basic background, expertise and perspectives to allow informed independent
1957 reflection and decision-making on the ethics of research involving humans.
1958 Senior administrators should not serve on the REB (see Article 7.3 in Chapter 7
1959 ["Conflict of Interest"]), in order to avoid the perception of perceived, potential
1960 or real conflict of interest.

1961 The size of an REB may vary based on the diversity of disciplines, fields of
1962 research and methodologies to be covered by the REB, as well as based on the
1963 needs of the institution. Institutions should ensure proper gender representation
1964 on REBs where possible. Institutions may therefore need to exceed these
1965 minimum requirements in order to ensure an adequate and thorough review, or
1966 to respond to other local, provincial/territorial or federal requirements or
1967 legislation. For example, for REB review of clinical trials, provincial/territorial
1968 or federal regulations may outline specific membership requirements, in
1969 addition to the requirements set out in this Policy. Community representation
1970 should be proportionate to the size of the REB.

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Relevant expertise in research content and methodology: At least two members should have the relevant knowledge and expertise to understand the content area and methodology of the proposed or ongoing research, and to assess the risks and benefits that may be associated with the research (Article 6.4[a]). For example, REBs reviewing oncology research, education, or topics involving Aboriginal peoples, or research using qualitative methodologies, should have members that are knowledgeable and competent to address those fields of research, disciplines and methodologies.

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Knowledgeable in ethics: Knowledge of ethics of research involving humans is key within the REB membership as a whole. A member knowledgeable in ethics (Article 6.4[b]) needs to have sufficient knowledge to guide an REB in identifying and addressing ethics issues. A balance of ethics theory, practice and experience offers the most effective path to knowledge in ethics for REB membership. The kind and level of knowledge or expertise needed on the REB will be commensurate with, and proportionate to, the types and complexities of research the REB reviews. For example, a member knowledgeable in ethics serving on a social sciences and humanities REB may have different contextual and disciplinary knowledge in ethics than has a member of a biomedical REB.

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Knowledgeable in the law: The role of the member knowledgeable in the law (Article 6.4[c]) is to alert REBs to legal issues and their implications, not to provide formal legal opinions or to serve as legal counsel for the REB. To avoid undermining the independence and credibility of the REB, the institution’s legal counsel or risk manager should not be a member of the REB. In-house legal counsel might be seen to identify too closely with the institutions’ financial interest in having research go forward or, conversely, may be unduly concerned with protecting the institution from potential liability. Any external legal counsel hired on a case-by-case basis by the institution should not sit as a member of that institution’s REBs while working for the institution.

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In some instances, the legal issues identified by the REB will necessitate further scrutiny and even formal legal advice by the legal counsel to the institution. Legal liability is a separate issue for institutions to handle through mechanisms other than the REB.

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Community member with no affiliation with the institution: The community member requirement (Article 6.4[d]) is essential to help broaden the perspective and value base of the REB, and thus advances dialogue with, and accountability to, local communities. The role of community members on REBs during the research ethics process is both unique and at arm’s length from the institution. Their primary role is to reflect the perspective of the research participant. This is particularly important when research participants are vulnerable and/or risks to research participants are high. Institutions should seek to appoint former

2013 research participants as community members. Their experience as research
2014 participants provides the REB with a vital perspective and important
2015 contributions to the ethics review process. Institutions should provide training
2016 opportunities to community members.

2017 To maintain effective community representation, the number of community
2018 representatives should be commensurate with the size of an REB and should
2019 increase as the size of an REB increases.

2020 **Substitute members:** Institutions should consider the nomination of substitute
2021 REB members so that REBs can continue to function when regular members are
2022 unable to attend due to illness or other unforeseen eventualities. The use of
2023 substitute members should not, however, alter the REB membership structure as
2024 set out in this article. Substitute members should have the appropriate
2025 knowledge, expertise and training to contribute to the ethics review process.

2026 *Ad hoc Advisors*

2027 **Article 6.5** The research ethics board should have provisions for appointing ad hoc advisors in
2028 the event that it lacks the specific expertise or knowledge to review a research
2029 proposal competently.

2030 **Application** In the event that the REB is reviewing a project that requires particular community
2031 or research participant representation, or a project that requires specific expertise
2032 not available from its members, it should have provisions for appointing ad hoc
2033 advisors. The REB maintains its composition and representation as outlined in
2034 Article 6.4.

2035 Ad hoc advisors are appointed for a specific task and for the duration of the
2036 review. Should this occur regularly, the membership of the REB should be
2037 modified to ensure appropriate expertise on the REB. For example, in cases
2038 where review of research on topics related to Aboriginal peoples is regularly
2039 required, the REB membership should be modified to ensure that relevant
2040 and competent knowledge and expertise of Aboriginal cultures are captured
2041 within its regular complement.

2042 While an ad hoc advisor may complement the REB through his or her experience or
2043 expertise, his or her input is a form of consultation that may or may not be
2044 considered in the final decision of an REB. He or she is not an REB member and, as
2045 such, does not necessarily have the knowledge and experience gained from
2046 reviewing applications as a member. Ad hoc advisors should not be counted in the
2047 quorum for an REB, nor be allowed to vote on REB decisions.

2048 *Terms of Appointment of REB Members*

2049 **Article 6.6** Research ethics board members shall be appointed by the appropriate body at the

2050 highest level of the institution such that their terms allow for continuity of the ethics
2051 review process.

2052 **Application** In appointing REB members, institutions should arrange the terms of members and
2053 their rotation to balance the need to maintain continuity with the need to ensure
2054 diversity of opinion and the opportunity to spread knowledge and experience gained
2055 from REB membership throughout the institution and community. The REB
2056 membership selection process should be fair and impartial.

2057 **Article 6.7** Research ethics board (REB) members should have the qualifications, expertise
2058 and training necessary to review the ethical issues raised by research proposals
2059 that fall within the mandate of their REB.

2060 **Application** In selecting new members for appointment, the REB should consider the
2061 qualifications it needs in order to fulfil the requirements of Article 6.4.

2062 REBs should have adequate expertise, experience and training to understand the
2063 research disciplines, methodologies and approaches of the research that it
2064 considers for ethics review. Each REB member brings complementary expertise
2065 and knowledge. It is not sufficient for an REB to possess the necessary expertise
2066 globally, however. It must ensure that the members in attendance at any given
2067 meeting have the specific expertise necessary to review the proposals under
2068 consideration at that meeting.

2069 All members of the REB should understand core ethics principles and concepts
2070 as set forth in this Policy to contribute to the review process. Institutions should
2071 ensure that all REB members receive appropriate education and training in the
2072 ethics review of research involving humans, to enable them to fulfil their duties.
2073 This training should be offered both on the appointment of new members and
2074 periodically throughout a member's tenure. Institutions should promote and
2075 recognize the contribution of REB members to the ethics review process, as a
2076 valued and essential component of the research enterprise.

2077 **Article 6.8** The research ethics board (REB) Chair is responsible for ensuring that the
2078 operations of the REB comply with institutional policies and procedures
2079 concerning the ethics review process.

2080 **Application** The role of the REB Chair is to facilitate the REB review process, operations
2081 and procedures, based on institutional policies and procedures and this Policy.
2082 The Chair should monitor the REB's decisions for consistency and ensure that
2083 these decisions are recorded properly and that they are communicated to
2084 researchers in writing as soon as possible. The institution should provide the
2085 Chair with administrative support in fulfilling his or her role.

2086 *REB Quorum*

2087 **Article 6.9** Institutions shall establish quorum rules for research ethics boards subject to the
2088 range of competence and knowledge required by this Policy to ensure the
2089 soundness and integrity of the ethics review process.

2090 **Application** Quorum rules should be established by institutions such that REB decisions
2091 requiring full review should be adopted only if the members attending the
2092 meeting possess relevant competence and knowledge and meet the minimum
2093 requirement of membership as outlined in Article 6.4. Among the REB
2094 members there should be at least two members who have relevant expertise in
2095 the methods or areas of research that are covered by the REB, one member who
2096 is knowledgeable in ethics, one member who has no affiliation with the
2097 institution but is recruited from the community served by the institution, and one
2098 member who is knowledgeable in the law. Quorum should be proportionate to
2099 the increases of the REB membership necessary to ensure adequate ethics
2100 review.

2101 Ad hoc advisors, observers and others attending REB meetings should not be
2102 counted in the quorum for an REB nor be allowed to vote on REB decisions (see
2103 Article 6.5). Decisions without a quorum are not valid or binding.

2104 **REB Meetings and Attendance**

2105 **Article 6.10** Research ethics boards shall have regular face-to-face meetings to discharge
2106 their responsibilities.

2107 **Application** Face-to-face meetings are essential for adequate discussion of and effective
2108 REB decision-making on research proposals, and for the collective education of
2109 the REB. The face-to-face medium provides interactive dynamics that tend to
2110 heighten the quality and effectiveness of communications and decisions. REBs
2111 shall meet face-to-face to review proposed research that is not assigned to
2112 delegated review.

2113 Planning regular meetings is essential to fulfilling REB responsibilities.
2114 Regular attendance by REB members at meetings is important, and frequent
2115 absences should be construed as a notice of resignation. Unexpected
2116 circumstances such as emergencies may prevent individual member(s) from
2117 attending the REB meeting. In these exceptional cases, input from member(s)
2118 by other means (e.g., use of technology) would be acceptable.

2119 Videoconferencing and use of other technologies may occasionally be regarded
2120 as necessary for meetings when REB members are geographically dispersed and
2121 there is no other way of holding an effective REB meeting or when exceptional
2122 or exigent circumstances significantly disrupt or limit the feasibility of face-to-
2123 face REB meetings, such as during a public emergency. All efforts should be

2124 made to ensure that technical difficulties do not prevent the maintenance of
2125 quorum throughout the meeting. Respecting the principles of this policy,
2126 institutions should develop written procedures for the occasional use of
2127 videoconferences or other technologies by an REB.

2128 REBs and researchers may request informal meetings with each other prior to
2129 the formal review process to facilitate the review. Such informal meetings
2130 cannot, however, substitute for the formal review process. A schedule of REB
2131 meetings should be communicated to researchers for the planning of ethics
2132 review of their research.

2133 On occasion, REBs may need to consult other resources within or outside the
2134 institution for advice and may invite experts or observers to attend their
2135 meetings. REBs should consider whether the institutional functions of other
2136 individuals attending their meetings could exercise undue influence or provide
2137 elements of power imbalances or coercion that could affect REB members in a
2138 way that would affect REB research ethics review deliberations and decisions.
2139 Individuals who are not REB members should be aware of how their
2140 institutional functions, how their roles may be perceived at REB meetings, and
2141 how they have the potential to unduly influence REB members in their decision-
2142 making procedures (see Chapter 7 [“Conflict of Interest”]).

2143 REBs should also hold general meetings, retreats and educational workshops to
2144 enhance educational opportunities that may benefit the overall operation of the
2145 REB, discuss any general issues arising out of the REB’s activities, or revise
2146 relevant policies.

2147 **B. Procedures for REB Review**

2148 **Initial Research Ethics Review**

2149 **Article 6.11** Researchers should submit their research project for research ethics board review
2150 and approval prior to the start of the formal data collection.

2151 **Application** For some types of methodologies, such as in qualitative research or fields of
2152 research such as those involving Aboriginal peoples, the design of the study may
2153 not be known at the onset, but only after the researcher has engaged with
2154 prospective participants.

2155 Prior dialogue with individuals or communities of interest is a normal component
2156 in community-based research or in some types of fields or disciplines of
2157 research. This may precede REB review.

2158 **Article 6.12** Research ethics boards shall follow a research ethics review process
2159 proportionate to the level of risk in research under review.

2160 **Application** REBs must assess the level of risk that the research under review poses to
2161 participants to determine the appropriate proportionate approach to use in the
2162 ethics review. At the time of initial review of the research, the REB has the
2163 authority to determine the level at which continuing ethics review occurs
2164 (e.g., frequency of reports, required details in reports). The level of review
2165 and reporting schedule may be adjusted throughout the life of the project if
2166 the need arises in situations where the risk level of the research increases
2167 because of the discovery of new information or changes in procedures.

2168 Two levels of ethics review may apply:

2169 1. Full REB review

2170 Ethics review by the full REB should be the default requirement for research
2171 involving human participants.

2172 2. Delegated REB review of minimal-risk research

2173 The REB delegates ethics review to an individual or individuals. Delegates
2174 may be selected from among the REB membership or at the faculty or
2175 department level.

2176 Where it is determined that the research is of minimal risk, an REB generally may
2177 authorize a delegated ethics review, in accordance with its institutional policies.
2178 The REB may decide that its Chair or another individual(s) (e.g., delegated
2179 reviewer[s]) may review and approve categories of research that are confidently
2180 expected to involve minimal risk. Delegated reviewers may call on other
2181 reviewers within the REB or revert back to the full REB.

2182 In delegating the conduct of review, the REB should carefully select delegated
2183 reviewer(s) and should ensure that all delegated reviewers who are not members
2184 of the REB have the appropriate expertise and training to review all aspects of the
2185 proposal consistent with this Policy.

2186 Examples of categories delegated for ethics review include:

2187 • categories of research that are confidently expected to involve minimal risk;
2188 • minimal-risk changes to approved research;
2189 • annual renewals of approved research; or
2190 • situations in which there is evidence that requirements laid down by the
2191 REB have been met.

2192 An REB that decides to authorize a delegated review process must require that
2193 the actions and decisions of the delegated reviewer(s) be well documented and
2194 formally reported to the full REB in a timely and appropriate manner, thus
2195 permitting the REB to maintain surveillance over the decisions made on its

2196 behalf so as to protect the interests of participants.

2197 REBs retain the authority to accept the report as presented or to request a more
2198 rigorous review process. It is imperative that delegated reviewer(s) be
2199 accountable to the full REB. With the support of their institutions, REBs may
2200 develop their own mechanisms under which delegation of the conduct of review
2201 and the associated reporting process will occur. Those mechanisms and
2202 procedures should be made public.

2203 **REB Decision-Making**

2204 **Article 6.13** The research ethics board shall function impartially, provide a fair hearing to
2205 those involved and provide reasoned and appropriately documented opinions
2206 and decisions. Approvals and refusals need to be communicated in writing to
2207 researchers in print or by electronic means.

2208 **Application** The REB shall accommodate reasonable requests from researchers to participate
2209 in discussions about their proposals, but those researchers must not be present
2210 when the REB is making its decision. When an REB is considering a negative
2211 decision, it shall provide the researcher with all the reasons for doing so and
2212 give the researcher an opportunity to reply before making a final decision.

2213 The formal REB decision on whether to approve the research will often be
2214 preceded by extensive discussion of ethical concerns and of possible means of
2215 improving certain aspects of the research. These may include the research design
2216 or the information to be provided in the process of free and informed consent
2217 that affect the welfare or autonomy of participants or others affected by the
2218 research. In the event that a minority within the REB membership considers a
2219 research project unethical, even though it is acceptable to a majority of members,
2220 an effort should be made to reach consensus.

2221 Consultation with the researcher, external advice, or further reflection by the
2222 REB may be helpful. If disagreement persists, a decision should be made in
2223 accordance with the process mandated by the institution. In such instances, the
2224 position of those disagreeing may be communicated to the researcher.

2225 Participation by the researcher in such discussions is often very helpful to both
2226 REBs and researchers. Such discussions may result in a deferral of the REB's
2227 decision until the researcher has considered the discussions and possibly
2228 modified the proposal. Such discussions are an essential part of the educational
2229 role of the REB.

2230 **Scholarly Review**

2231 **Article 6.14** As part of ethics review, research ethics boards should consider the appropriate
2232 mechanism for scholarly review of more-than-minimal-risk research, informed by

- 2233 the traditions for scholarly review in various disciplines.
- 2234 **Application** Where it is determined that the research presents more than minimal risk to
 2235 participants, the full REB should consider some of the following mechanisms in
 2236 their review:
- 2237 • Conclude that the proposed research has already passed appropriate peer
 2238 review – for example, by a funding sponsor;
 - 2239 • Establish a permanent peer review committee reporting directly to the
 2240 REB; and/or
 - 2241 • Where no other venue for scholarly review is available, and if the REB
 2242 has the necessary scholarly expertise, assume complete responsibility for
 2243 the scholarly review, or if the REB does not have the necessary scholarly
 2244 expertise, establish an ad hoc independent peer review committee.
- 2245 REBs should normally avoid duplicating previous professional peer-review
 2246 assessments unless there is a good and defined reason to do so. However,
 2247 they may request that the researcher provide them with the full
 2248 documentation of those reviews.
- 2249 When evaluating the merit and the scholarly standards of a research proposal,
 2250 the REB should be concerned with a global assessment of the degree to
 2251 which the research might further the understanding of a phenomenon, and not
 2252 be driven by factors such as personal biases or preferences. REBs should not
 2253 reject research proposals because they are controversial, challenge
 2254 mainstream thought, or offend powerful or vocal interest groups. The primary
 2255 tests to be used by REBs should be ethical probity and high scientific and
 2256 scholarly standards.
- 2257 **Continuing Ethics Review**
- 2258 **Article 6.15** The research ethics board shall make the final determination as to the nature
 2259 and frequency of the continuing ethics review in accordance with a
 2260 proportionate approach to ethics review.
- 2261 **Application** Research is subject to continuing ethics review from the date of initial REB
 2262 approval until completion of the study. At the time of first review, the REB
 2263 should determine the term of approval. For some types of research (e.g.,
 2264 qualitative research or longitudinal research), there may be some difficulty in
 2265 establishing start or end dates. For these cases, the REB should work with
 2266 researchers to determine a reasonable timeline for continuing ethics review.
 2267 The reporting schedule for continuing ethics review may be adjusted
 2268 throughout the life of the project if the need arises in situations where the risk
 2269 level of the research increases because of the discovery of new knowledge or
 2270 addition of new procedures.

2271 Research that involves minimal or no risk to the research participant should
2272 be held to the minimum standard of continuing ethics review – for example, a
2273 short annual report. Research that poses greater-than-minimal risk may
2274 require a more extensive continuing ethics review. This could include more
2275 frequent reporting to the REB, review of the consent process, and review of
2276 participant records, etc. Other reporting mechanisms for continuing ethics
2277 review may be required by funding sponsors.

2278 While REBs make the final decision about the nature and frequency of
2279 continuing ethics review, continuing ethics review should be understood as a
2280 collective responsibility, to be carried out with a common interest in maintaining
2281 the highest ethical and scientific standards. For example, researchers must
2282 monitor their research to ensure that the research is conducted in an ethical
2283 manner. Researchers are responsible for supervising all team members in the
2284 application of the research procedures, and for ensuring that they are versed in
2285 the conduct of ethical research.

2286 **Departures From Approved Research**

2287 **Article 6.16** Research ethics boards shall make decisions on the ethical acceptability of
2288 researchers' departures from the originally approved research, in accordance
2289 with a proportionate approach to research ethics review.

2290 **Application** Three categories of departures from approved research may occur during the
2291 conduct of research. These include (1) unanticipated or unexpected events or
2292 issues that the researcher did not anticipate or expect when originally
2293 submitting the research for ethics review, (2) changes that the researcher
2294 makes to the approved research, and (3) deviations from approved research
2295 when unavoidable single-incident departures from the originally planned
2296 research procedure occur.

2297 In the conduct of their approved research, researchers should be cognizant of
2298 the requirement to report to their REB, in a timely manner, departures from
2299 approved research that have ethical implications and/or change the level of
2300 risk to participants, which could adversely affect their well-being or welfare.
2301 Any non-trivial or substantive changes to the research should not be
2302 implemented without documented approval or acceptance by the REB, except
2303 when necessary to eliminate an immediate hazard(s) to the research
2304 participants.

2305 Institutions must have an established process for the REB to review and take
2306 appropriate action regarding departures from approved research, including
2307 reporting to senior administration and other administrative units where
2308 necessary and appropriate.

2309 The level of REB review required to assess the changes or deviations from
2310 approved research that have ethical implications and/or change the level of
2311 risk to participants shall follow a proportionate approach to ethics
2312 assessment, including changes to the continuing ethics review process. It is
2313 not the size of the change that dictates the review process, but rather the
2314 ethical implications and risk associated with the proposed change. In general,
2315 regardless of the term of approval, projects will need to be re-reviewed or
2316 amended if the context surrounding the research project changes. Although
2317 the REB holds responsibility for reviewing the ethics of research in light of
2318 changes in context, the researcher has a responsibility to be familiar with the
2319 environment in which the research is being conducted and to notify the REB
2320 about changes that may affect the ethics of the research.

2321 The final decision as to which type of deviations to report to the REB is up to
2322 the REB. The report to the REB should include a description of the incident,
2323 including details of how the researcher(s) dealt with the situation. The point
2324 in reporting is informational and educational: it is to enable the REB to better
2325 protect research participants in future research projects. Depending on the
2326 nature of the event or issue, REBs may require that researchers adjust their
2327 procedures to prevent such events from re-occurring during the research
2328 project.

2329 In the case of clinical trials, unexpected or unanticipated events and reporting
2330 requirements are defined in *International Conference on Harmonisation of*
2331 *Technical Requirements for the Registration of Pharmaceuticals for Human*
2332 *Use Guidance E6: Good Clinical Practice: Consolidated Guideline (ICH-*
2333 *GCP)* . An REB may stipulate a timeframe for the reporting of such events.
2334 In some cases, such events may be identified by Data and Safety Monitoring
2335 Boards or study sponsors. If the event has immediate implications for the
2336 safety and protection of research participants, the REB may require that the
2337 research be halted until the matter can be addressed. (See Articles 11.3 and
2338 11.4 in Chapter 11 [“Clinical Trials”].)

2339 In still other kinds of research (especially in the social sciences and
2340 humanities), it is not always clear before the research is undertaken what
2341 events may occur during the course of the research project. Here, researchers
2342 should report any event that occurred as a result of the research and that may
2343 affect the safety and well-being of the research participants. In many cases,
2344 researchers will simply need to use their best judgment as to what should be
2345 reported to the REB. In other cases, the researchers and REBs may work
2346 together to develop a list of types of reportable events.

2347 **Record Keeping of REB Documents**

2348 **Article 6.17** Research ethics boards (REBs) shall prepare and maintain comprehensive
2349 files, including accurate minutes reflecting research ethics review decisions

2350 and attendance of all REB meetings, as well as all documentation related to
2351 the studies submitted to the REB for review.

2352 **Application** REBs need to act, and to be seen to be acting, fairly and reasonably. REBs
2353 should maintain complete study files, including the original application, as
2354 well as annual and end-of-study reports. REBs should be guided by their
2355 institutional record-keeping policies and other relevant legislation or
2356 requirements when deciding the retention period of their files. Minutes and
2357 other relevant documentation must be accessible to authorized representatives
2358 of the institution, researchers, sponsors and research agencies when
2359 applicable to assist internal and external audits or research monitoring and to
2360 facilitate reconsideration or appeals.

2361 The minutes of REB meetings shall clearly document the REB’s decisions
2362 and any dissents, and the reasons for them. REB decisions should be
2363 supported by clear references (e.g., date of decision, title of project),
2364 documentary basis for decision (i.e., documents or progress reports received
2365 and reviewed), the plan for continuing ethics review and timelines, reasons
2366 for decisions, and any conditions or limitations attached to the approval.
2367 Providing reasons is mandatory when a proposal is refused; it is optional
2368 when it is approved.

2369 REBs should maintain reports and decisions on departures from approved
2370 research, including a description of the unexpected or unanticipated event,
2371 change or deviation; details of how the researcher dealt with the situation;
2372 and the REB’s approval or acceptance of such changes.

2373 The REB should also maintain general records related to REB membership and
2374 qualifications of members (e.g., copies of curriculum vitae, participation in
2375 training).

2376 **C. Reconsideration and Appeals**

2377 Appeals of REB decisions follow a two-tiered approach. The first step – reconsideration –
2378 must be exhausted before a researcher may proceed to the second step – the appeal process.

2379 **Reconsideration of REB Decisions**

2380 **Article 6.18** Researchers have the right to request, and research ethics boards have an
2381 obligation to provide, reconsideration of decisions affecting a research project.

2382 **Application** REBs are to follow principles of natural and procedural justice in their decision-
2383 making. Such principles include providing a reasonable opportunity to be heard;
2384 an explanation of the reasons for opinions or decisions; and the opportunity for
2385 rebuttal, fair and impartial judgment, and reasoned grounds for the decisions.
2386 Researchers and REBs should make every effort to resolve their disagreement

2387 through deliberation, consultation or advice. If a disagreement cannot be resolved
2388 by the researcher and REB, recourse to the appeals process may be considered.

2389 In the case of protocols reviewed by delegated review, requests by the
2390 researcher for reconsideration of a delegated review decision should be
2391 forwarded by the researcher for review by the full REB. Researchers must
2392 justify on what grounds they request a reconsideration and indicate the breaches
2393 to the research ethics process or the elements of the delegated REB decision that
2394 are not supported by this Policy.

2395 **Appeal of REB Decisions**

2396 **Article 6.19** (a) In cases when researchers and research ethics boards (REBs) cannot reach
2397 agreement through discussion and reconsideration, an institution should
2398 permit review of an REB decision by an established appeal process.

2399 (b) Small institutions may wish to explore regional cooperation or alliances,
2400 including the sharing of appeal boards. If two institutions decide to use each
2401 other's REB as an appeal board, a formal letter of agreement between
2402 institutions is required.

2403 **Application** Institutions must have an established mechanism and procedure in place for
2404 entertaining appeals.

2405 By nature of their role and lack of frequency of meeting, appeal committees are
2406 typically, de facto, ad hoc. Therefore, the appeal mechanism may be an ad hoc
2407 committee or a permanent committee, as long as individuals involved in the
2408 appeal process have the relevant knowledge and competence to review REB
2409 decisions and procedures based on this Policy (see Article 6.4).

2410 It is not the role of the three federal research Agencies who are responsible for
2411 this Policy to entertain any appeals of REB decisions.

2412 **Article 6.20** The scope of any appeal will be limited to assessment of the consistency of the
2413 research ethics board's decision with this Policy.

2414 **Application** Researchers have the right to request an appeal of an REB decision once the
2415 period of reconsideration has expired or the reconsideration process has been
2416 exhausted and the REB has issued a final decision. Researchers must justify on
2417 what grounds they request an appeal and indicate the breaches to the research
2418 ethics process or the elements of the REB decision that are not supported by this
2419 Policy.

2420 The Appeal Committee will determine whether the REB acted outside its
2421 mandate and/or committed a breach of the process for ethics review as set out in
2422 the most recent version of the institution's guidelines or policies and this Policy.

2423 The Appeal Committee has no jurisdiction to make a decision regarding the
2424 ethical acceptability of the research study involved in the process under appeal.
2425 It should be stressed that the appeals process is not a substitute for the REB's
2426 and the researcher's working closely together to ensure high-quality research,
2427 nor is it a forum to merely seek a second opinion. It is expected that an appeal
2428 will be an exceptionally rare occurrence.

2429 The Appeal Committee shall do one of the following:

- 2430 1. Dismiss the appeal; or
2431 2. Declare the original REB decision void and direct the responsible REB to
2432 reconsider the application while ensuring that the REB is compliant with all
2433 procedural and jurisdictional requirements.

2434 The Appeal Committee shall function impartially, provide a fair hearing to those
2435 involved, and provide reasoned and appropriately documented opinions and
2436 decisions. Approvals and refusals should be communicated in writing to
2437 researchers in print or by electronic means.

2438 **D. Research Ethics Review During Publicly Declared**
2439 **Emergencies**

2440 There is a growing awareness of the need for institutional planning to respond to public
2441 emergencies and the associated potential challenges for research ethics review. Public
2442 emergencies are extraordinary events that arise suddenly or unexpectedly and require urgent
2443 or quick responses to minimize devastation. Examples include hurricanes and other natural
2444 disasters, large communicable disease outbreaks, catastrophic civil disorders, bio-hazardous
2445 releases, environmental disasters and humanitarian emergencies. They tend to be time-
2446 limited. They may severely disrupt or may destroy normal institutional, community and
2447 individual life.

2448 This section addresses research ethics review within the context of the official declaration of
2449 public emergencies, which initiates emergency procedures and provides special
2450 responsibilities and powers to authorized officials in accordance with provisions of the law.
2451 Given the extraordinary circumstances that research participants are potentially subjected to
2452 in public emergencies, special attention and effort should be given to upholding the core
2453 principles of welfare, autonomy in the decision-making process, and the equal moral status
2454 of all humans in such emergencies.

2455 **Institutional Emergency Research Ethics Preparedness Plans**

2456 **Article 6.21** In concert with their researchers, institutions and their research ethics boards
2457 should develop emergency research ethics preparedness plans. Research
2458 ethics review during emergencies may follow modified procedures and
2459 practices.

2460 **Application** Preparedness plans should outline policies and procedures for addressing
2461 research ethics review during and concerning public health outbreaks, natural
2462 disasters and other public emergencies. Research ethics policies and
2463 procedures and their implementation should adhere rigorously to a rule of
2464 reasonable, fair and principled design and use for emergency purposes.

2465 Through their emergency preparedness plans, institutions, researchers and
2466 their REBs need to anticipate the pressures, time constraints, priorities and
2467 logistical challenges that may arise to ensure quality, timely, proportionate
2468 and appropriate ethics review. The plan and its policies should proactively
2469 address basic operational questions. Examples include, but are not limited to,
2470 how emergencies may affect research and ethics review in institutions/REBs;
2471 how REBs conduct business or meet; what research needs should be planned
2472 in advance of, or done after, an emergency; what research, if any, needs to be
2473 done during an emergency; what qualifies as time-sensitive or “essential”
2474 research; what procedures govern the ethics review; and what evaluation
2475 methods need to be developed. It is important to pilot test the emergency
2476 procedures and plans in advance.

2477 Policies should try to anticipate the extraordinary circumstances or demands
2478 occasioned by emergencies, and set priorities among them. For example,
2479 institutions might consider the use of an instrument to identify and triage the
2480 kinds of research that should be designed before, undertaken during, or
2481 conducted after officially declared public emergencies. Likewise, a plan to
2482 help prioritize REB reviews during emergencies should consider the
2483 following:

- 2484 1. What constitutes “essential” research during the emergency;
- 2485 2. The initial review process of new research projects arising from the
2486 emergency (e.g., research involving interviews with first responders and
2487 victims to understand human response during a disaster, such as a tornado
2488 or earthquake);
- 2489 3. Continuing ethics review of research undertaken prior to the occurrence
2490 of the emergency; and
- 2491 4. The review process for departures from approved research, because new
2492 information may become available very rapidly during emergencies (see
2493 Article 6.16).

2494 REB procedures may warrant reasonable adjustments to address the timing,
2495 locale, expertise, form and scope of review, and the holding of REB meetings
2496 during emergency situations (see Article 6.10). Special attention could be
2497 given to REB procedures to review and approve research (e.g., full or
2498 delegated ethics reviews, quorum rules, or special agreements with other
2499 institutions), while considering the impact of the emergency on research
2500 participants, researchers, REB members, institutional staff and others. REB

2501 members may become unavailable (e.g., due to illness, relocation or
2502 quarantine by public authorities). Institutions and REBs should explore the
2503 nomination of substitute REB members and ad hoc advisors with relevant
2504 expertise, negotiate reciprocity agreements with other institutions for REB
2505 reviews, and revisit how scholarly review would be applied in such instances.

2506 Research ethics review should be proportionate to the necessities occasioned
2507 by the emergency, because of the critical interplay between public urgencies,
2508 essential research, and a continuing commitment to core ethics principles
2509 even in the face of acute public necessity. Research ethics review during or
2510 regarding public emergencies is even more important than under normal
2511 circumstances and may require even greater care and scrutiny, since everyone
2512 (research participants, researchers and REB members themselves) may be
2513 rendered more vulnerable by the nature of the emergency.

2514 **Application of Research Ethics Review Policy and Procedures in Publicly Declared** 2515 **Emergencies**

2516 **Article 6.22** The application of research ethics policy and procedures for emergencies is
2517 limited to officially declared public emergencies. It should cease immediately
2518 after such declaration is withdrawn.

2519 **Application** Public emergencies for the purposes of this Policy are limited to those that
2520 are declared by an authorized public official. This section therefore applies
2521 to narrow, limited and exceptional circumstances. Because emergencies
2522 present extraordinary public risks that warrant special responses, legislation
2523 or public policies usually require that they be officially proclaimed or
2524 declared. The exercise of those responsibilities may temporarily modify
2525 normal procedures or practices. In extreme instances, public emergencies
2526 might warrant the suspension of some civil liberties. The ethical rationale
2527 behind such powers and duties is beneficence-based public necessity: that
2528 the exceptions to, and infringements of, principles such as autonomy may
2529 prove necessary to preserve or protect human life or public health, safety,
2530 order and welfare. An important concern regarding such powers is that they
2531 not be used beyond the scope of the emergency, nor used arbitrarily or
2532 unreasonably or otherwise abused. For such reasons, they are circumscribed.
2533 Research ethics review policies and procedures for declared emergencies
2534 should, accordingly, be applied only to compelling public necessities
2535 occasioned by a public emergency.

2536 **Respecting Core Principles: Limiting Derogations**

2537 **Article 6.23** Research ethics boards should give special care to requests for derogations
2538 from the principles outlined in this Policy involving or during publicly
2539 declared emergencies.

2540 **Application** Especially during times of emergency, researchers, REBs and institutions
2541 need to be vigilant and exercise due diligence in respecting ethical principles
2542 and procedural standards. To preserve the values, purpose and protection that
2543 the principles of this Policy advance, the onus for demonstrating a reasonable
2544 public-emergency exception to an ethical principle or procedural standard
2545 should fall on those claiming the exception.

2546 To guide fair and reasonable implementation for emergency circumstances,
2547 any derogations from or infringement of ethics principles and standards need
2548 to be demonstrably justified by those urging the infringement. Sometimes a
2549 proposed infringement or derogation will not be justified for research
2550 purposes. Justified derogations from or infringement of ethics principles and
2551 standards should correspond directly, and be calibrated, to the benefit
2552 targeted by the goal of the policy. Derogations should be narrowly tailored to
2553 address the necessities occasioned by the public emergency, such that the
2554 least restrictive or least intrusive means necessary to achieve the policy goal
2555 are relied on. This approach – consistent with international bioethics and
2556 human rights norms – maximizes respect of ethical principles and helps to
2557 ensure that exceptions or infringements and the means to implement them are
2558 not unduly broad, overreaching or unjustifiably invasive.

2559 Recognizing and respecting the principle of equal moral status means that
2560 research ethics review policies and procedures for publicly declared
2561 emergencies shall be used in a manner that is not discriminatory or arbitrary.
2562 The commitment to equal moral status advances a fair and balanced
2563 distribution of burdens and benefits even in the face of public emergencies.

2564 REBs and researchers should be aware that individuals, potential participants,
2565 researchers, and institutions that may not normally be considered vulnerable
2566 may become so by the very nature of public emergencies. Those already
2567 vulnerable may become acutely so. REBs and researchers should ensure
2568 appropriate evaluation of the risks and potential benefits posed by any
2569 proposed research, including provisions for greater-than-normal attention to
2570 risk, where applicable. The increased public risks and devastation on which
2571 public emergencies are declared threaten autonomy and physical, emotional,
2572 institutional and social well-being or safety. They also bring inherent tensions
2573 and pressures that may impact deliberative decision-making. Research ethics
2574 policy and review for public emergencies should recognize that in such
2575 situations the affected population, as individuals or as a body, may become
2576 more vulnerable. Therefore, the need to promote, protect and respect the
2577 welfare and autonomy of participants must be accordingly addressed (see
2578 Article 4.4 in Chapter 4 [“Research Involving Vulnerable Persons or
2579 Groups”]).

Chapter 7

2580

2581

CONFLICT OF INTEREST

2582 Researchers and research ethics boards (REBs) hold trust relationships with research
2583 participants, research sponsors, institutions, their professional bodies and society. These trust
2584 relationships can be put at risk by conflicts of interest that may compromise independence,
2585 objectivity or ethical duties of loyalty. Although the potential for such conflicts has always
2586 existed, pressures to commercialize research or suspend dissemination of research outcomes
2587 heighten concerns.

2588 Research institutions, too, hold trust relationships with research participants, research
2589 sponsors, researchers and society. Research institutions may have financial or reputational
2590 interests that conflict with the institution's obligations to protect and respect human dignity
2591 as characterized by the core principles of this Policy. Institutions have an interest in ensuring
2592 that the conduct of research is not compromised by real, potential or perceived conflicts of
2593 interest.

2594 Conflicts of interest that jeopardize the integrity of research and the protection of potential
2595 research participants are contrary to the core principles on which this Policy is based.
2596 Conflicts that create divided loyalties may distract researchers, REBs and institutions from
2597 the welfare and well-being of participants. Failures to disclose and manage conflicts may
2598 impede the informed and autonomous choices of individuals to participate in research.
2599 Conflicts of interest may also undermine the respect for participants that is fundamental to
2600 the principle of equal moral status. Researchers, their institutions and REBs should identify
2601 and address conflicts of interest – real, potential or perceived – to maintain public
2602 confidence and trust, discharge professional and institutional obligations, and ensure
2603 accountability.

2604 **A. Institutions and Conflicts of Interest**

2605 **Article 7.1** Institutions should develop conflict of interest policies and procedures to
2606 identify, prevent, disclose and manage conflicts of interest that may affect
2607 research involving humans. Institutions should act in a transparent manner in
2608 addressing conflicts of interest and should make their written conflict of
2609 interest policies and procedures publicly available.

2610 **Application** When developing institutional policies and procedures on conflicts of interest,
2611 institutions should clarify the roles and the distribution of responsibilities, and
2612 clarify associated potential for conflicts. This clarity should reduce or eliminate

2613 the possibility for confusion of roles that may ultimately lead to conflicting
2614 obligations. Ideally, institutional policies will organize roles, responsibilities,
2615 reporting lines and accountabilities to minimize, manage or avoid conflicts of
2616 interest. (See Articles 6.1 and 6.2 in Chapter 6 [“Governance of Research Ethics
2617 Review”] and Article 7.2.) Institutions must respect the autonomy of the REB
2618 and ensure the REB has the appropriate financial and administrative
2619 independence to fulfil its duties. (See Articles 6.1 and 6.2 in Chapter 6
2620 [“Governance of Research Ethics Review”].)

2621 Measures to manage conflicts of interest should be proportionate to potential
2622 harms and should be founded on an assessment of relevant institutional
2623 operations. Institutions should consider the following measures to address
2624 conflict of interest at the institutional level:

- 2625 • Apply firewalls to insulate potentially conflicting roles and duties;
- 2626 • Refine or redesign roles and responsibilities to minimize or avoid the
2627 potential for conflicts;
- 2628 • Prevent or minimize conflict of interest in institutional design and
2629 structuring when creating new roles, responsibilities or relationships;
- 2630 • Withdraw from, or not participate in, roles or functions unduly
2631 compromised or disabled by perceived or real conflict; and
- 2632 • Create central institutional mechanisms such as a conflict of interest
2633 committee or other delegated body within the institution to help identify
2634 and manage conflicts of interest.

2635 Conflict of interest policies and procedures should be developed in a transparent
2636 manner and should be publicly available to all members of the research
2637 enterprise, including research participants, REBs, researchers, administrators,
2638 research sponsors and others.

2639 The goal of such policies is to identify and disclose potential, perceived or real
2640 institutional conflicts of interest to make them transparent and open to scrutiny.

2641 **Article 7.2** Institutions should ensure that the research ethics board is informed of real,
2642 potential or perceived institutional conflicts of interest that may affect research
2643 involving humans.

2644 **Application** An institutional conflict of interest involves a conflict between at least two
2645 substantial institutional obligations that cannot be adequately fulfilled
2646 without compromising one or both obligations. Conflicts may be real,
2647 potential or perceived. Institutional conflicts of interest may compromise
2648 duties of loyalty and lead to biased judgments. Conflicts may also undermine
2649 public trust in the ability of the institution to carry out its missions, operations
2650 and ethical responsibilities in research involving humans.

2651 An individual acting in a professional role with the institution is in a conflict of
2652 interest when he or she is subject to competing incentives or functions that
2653 significantly interfere with the impartial exercise of duties, including legal and
2654 ethical obligations within the institutional structure. An institutional conflict of
2655 interest may thus directly divide one's professional duties and loyalties when the
2656 incentive structure of the institution places individuals acting in institutional
2657 roles in conflicts of loyalty and function. The conflict may be chronic, relating
2658 to recurring situations occasioned by the institutional structure, or it may be
2659 triggered by a unique situation that is not likely to recur.

2660 To meet obligations to protect research participants, institutional policies
2661 should address the roles, responsibilities and process for disclosing and
2662 managing institutional conflicts of interests relevant to research involving
2663 humans, including disclosure to REBs. Institutions may consider establishing
2664 relevant structures such as a competent institutional authority, a delegated
2665 body, or conflict of interest committee within the institution (see Article 7.1).

2666 A senior administrator, researcher, REB member or other individual who is
2667 aware of potential sources of institutional conflicts of interest that may affect
2668 research involving humans should refer to the institutional policy to inform
2669 the REB of such conflicts. Likewise, when a significant real, potential or
2670 perceived institutional conflict of interest is disclosed and brought to its
2671 attention, the REB should be guided by the central institutional mechanisms
2672 for consulting with the relevant body to manage the conflict.

2673 **B. REB Members and Conflicts of Interest**

2674 **Article 7.3** Research ethics board (REB) members must disclose real, potential or perceived
2675 conflicts of interest to the REB, and, where necessary, members must withdraw
2676 from REB deliberations and decisions.

2677 **Application** To maintain the independence and integrity of ethics review, members of the
2678 REB must avoid and disclose real, potential or perceived conflicts of interest.
2679 For example, REB members are in a conflict of interest when their own research
2680 projects are under review by their REB.

2681 When REB members are or have been in direct conflict with researchers on
2682 academic or scientific issues, or when they have collaborated with the researcher
2683 whose proposal is under review, REB members should disclose and fully
2684 explain to the REB the conflict of interest to prevent bias or undue influence in
2685 the outcome of the review process. In such cases, the researcher should be able
2686 to raise with the REB any concerns with respect to conflict of interest. To
2687 manage such conflicts, REB members should withdraw from the committee
2688 when such projects are under consideration.

2689 While the presence of administrative staff may be relevant and appropriate to

2690 support REB procedures, an institutional senior administrator should not serve
2691 on an REB, attend meetings, or influence the REB decision-making process.
2692 (See Articles 6.2, 6.4 and 6.10 in Chapter 6 [“Governance of Research Ethics
2693 Review”].) The presence of a non-voting institutional senior administrator at
2694 REB meetings may undermine the independence of the REB by unduly
2695 influencing REB deliberations and decisions.

2696 Research involving small communities or community-based organizations with
2697 scarce human resources may present particular issues related to multiple roles of
2698 some individuals. In some cases, securing informed advice on cultural or other
2699 aspects of research rests with the researcher or the sponsoring institution and
2700 requires engagement with a community advisor, who may assume various roles
2701 in the research process. The same individual may be involved in providing
2702 preliminary information as well as reviewing the ethics of a research proposal at
2703 the community level and even co-managing the approved research. As outlined
2704 in Article 7.1, an approach proportionate to the level of harms, such as
2705 disclosure of the possible conflicts between multiple roles, may be sufficient to
2706 manage the conflict.

2707 Institutional conflicts of interest may give rise to professional conflicts or
2708 divided loyalties for individuals working in affected institutions. Reasonable
2709 compensation by institutions for REB members is appropriate. However, in
2710 some instances, individual members of the REB may have a conflict of interest
2711 in accepting undue or inappropriate honoraria for their participation in the REB.
2712 The REB must avoid or manage such conflicts of interest.

2713 **C. Researchers and Conflicts of Interest**

2714 **Article 7.4** Researchers should disclose to the research ethics board real, perceived or
2715 potential individual conflicts of interest, as well as any institutional conflicts of
2716 interest of which they are aware that may have an impact on their research.

2717 **Application** Individual conflicts of interest may arise from interpersonal relationships (for
2718 example, family or community relationships), financial partnerships, other
2719 economic interests or any other incentives that may compromise integrity,
2720 confidence of the research participant, or respect for the core principles of this
2721 Policy. Conflicts may arise from an individual’s involvement in dual and
2722 multiple roles within or outside an institution. While generally it is impossible to
2723 eliminate all conflicts of interest, researchers are expected to recognize,
2724 disclose, limit and manage their individual conflicts in a manner that is
2725 satisfactory to the REB.

2726 Managing conflict of interest is a process, of which the first step is disclosure.
2727 Upon disclosure to the REB, the steps taken by the REB to manage the conflict
2728 should be context-based and proportionate to potential harms. For example, in
2729 some cases, the REB might conclude that the identified conflict of interest

2730 does not warrant specific actions. In other cases, when disclosure to the REB is
2731 not enough to manage the conflict of interest, the REB, guided by established
2732 institutional policies, may require that the researcher abandon one of the
2733 interests in conflict by withdrawing from the research or allowing others to
2734 make research-related decisions.

2735 Dual roles of researchers (for example, acting as both a researcher and a
2736 therapist, caregiver, teacher, advisor, consultant, supervisor, student or
2737 employer) may create conflicts, undue influences, power imbalances or coercion
2738 that could affect relationships with others and affect decision-making
2739 procedures (for example, free and informed consent of participants). Article
2740 3.2(e) reminds researchers of relevant ethical duties that govern potential,
2741 perceived or real conflicts of interest as they relate to the free and informed
2742 consent of participants. To preserve and not abuse the trust on which many
2743 professional relationships rest, researchers should be fully cognizant of conflicts
2744 of interest that may arise from their dual or multiple roles, and they should
2745 attempt to manage the conflict.

2746 Care should also be exercised in developing relationships between researchers
2747 and authorities, so as not to compromise the free and informed consent and
2748 privacy of participants and the confidentiality obligations of researchers, and to
2749 maintain public confidence and trust.

2750 As part of the research plan for REB review, researchers should provide
2751 details on the research project, budgets, commercial interests, consultative
2752 relationships and other relevant information and documentation, and identify
2753 strategies to prevent, disclose and manage conflicts properly. Disclosure of
2754 the kinds and amounts of payments, and other budgetary details, especially if
2755 the researcher also holds a therapeutic, clinical or other fiduciary relationship
2756 with research participants, will assist the REB, or other delegated body within
2757 the institution, to assess potential conflicts of interest and will help the
2758 researcher in resolving them. (See Articles 11.8 and 11.9 in Chapter 11
2759 [“Clinical Trials”].)

2760 The appearance of a conflict may in many cases be as damaging as a real
2761 conflict. The REB should assess the likelihood that the researcher’s judgment
2762 may be influenced or appear to be influenced by private or personal interests,
2763 and it should assess the level of harm that is likely to result from such
2764 influence or from the perception of undue influence.

2765 In addressing conflicts of interest, disagreements may arise about the scope
2766 and reach of disclosure, including disclosure of new information to
2767 participants, or other aspects of managing the conflict. Resolution of
2768 disagreements should be guided by a paramount principle of respecting the
2769 autonomy and welfare of participants and by relevant institutional policies. If
2770 disagreement cannot be resolved by the researcher and REB, recourse to the
2771 appeals process should be considered. (See Articles 6.19 and 6.20 in Chapter

2772

6 [“Governance of Research Ethics Review”].)

Chapter 8

2773

2774

MULTI-JURISDICTIONAL RESEARCH

2775 Modern research often involves collaborative partnerships among researchers from multiple
2776 institutions or countries. It may call upon the participation of a number of local populations
2777 and involve multiple research ethics boards (REBs).

2778 Collaborative research may require institutions to adopt policies and procedures that permit
2779 arrangements for REB review off-site at other institutions. To be effective, these review
2780 arrangements should ensure that research involving humans is designed, reviewed and
2781 conducted in a way that is informed by the core principles of welfare, respect for autonomy
2782 and equal moral status for all humans. These core principles should be balanced with a
2783 proportionate approach to the research ethics review process for research being undertaken
2784 in Canada or abroad.

2785 **G. Review Mechanisms for Research Involving Multiple** 2786 **Institutions and Research Ethics Boards**

2787 This section primarily addresses research involving multiple sites and at least one institution
2788 that adheres to this Policy.

2789 Institutions are accountable for research conducted under their auspices, irrespective of the
2790 location where it takes place. Prior ethics review of the proposed research at each
2791 collaborating institution affords the opportunity for local issues and values to be considered.
2792 However, multiple, independent reviews may lead to different decisions, which may delay
2793 or jeopardize the implementation of the research.

2794 Research involving humans that may require the involvement of multiple REBs includes,
2795 but is not limited to, the following situations:

- 2796 (a) A research project conducted by a team of researchers affiliated with different
2797 institutions;
- 2798 (b) Several research projects independently conducted by researchers affiliated with
2799 different institutions, with data combined at some point to form one overall research
2800 project;
- 2801 (c) A research project conducted by a researcher affiliated with one institution, but that
2802 involves collecting data or recruiting research participants at different institutions;
- 2803 (d) A research project conducted by a researcher who has multiple institutional
2804 affiliations (e.g., two universities, a university and a college, or a university and a
2805 hospital);

- 2806 (e) A research project conducted by a researcher at one institution that requires the
2807 limited collaboration of individuals affiliated with different institutions or
2808 organizations (e.g., statisticians, lab or X-ray technicians, social workers, and school
2809 teachers); or
- 2810 (f) Researcher(s) working under the auspices of a Canadian research institution but
2811 conducting research in another province, territory or country.

2812 **Adoption of Alternative Review Models is an Institutional Responsibility**

2813 **Article 8.1** An institution that has established a research ethics board (REB) may define
2814 specific review models for research involving multiple REBs or institutions, in
2815 accordance with this Policy.

2816 **Application** In addition to the traditional review processes (see Point 1, below), the
2817 following models for multiple REBs or multi-institutional review are
2818 intended to provide flexibility and efficiency and avoid unnecessary
2819 duplication of review without compromising the protection of research
2820 participants. All other provisions of this Policy remain applicable.

2821 *1. Independent Review by Several Single REBs*

2822 The REBs involved at each participating institution conduct their independent
2823 research ethics review and provide their separate decisions, either
2824 concurrently or sequentially.

2825 When several REBs consider the same proposal from their own institutional
2826 perspectives, they may reach different conclusions on one or more aspects of the
2827 proposed research. REBs may therefore wish to coordinate their review of
2828 projects requiring multiple REB involvement, and to communicate any concerns
2829 that they may have with other REBs reviewing the same project. When multiple
2830 REBs are involved, the REB of the principal investigator should define
2831 mechanisms to address inconsistencies or disagreements, defining criteria, roles
2832 and responsibilities.

2833 Researchers should provide their REB with the name and contact information of
2834 the other REBs that will also review the project.

2835 *2. Research Ethics Review Delegated to a Specialized or Multi-institutional* 2836 *REB*

2837 Institutions allow research on specific content areas (e.g., clinical oncology
2838 research, research involving Aboriginal peoples) or research methods (e.g.,
2839 qualitative research) to be reviewed by an external, specialized or multi-
2840 institutional REB, where such a body exists. In the agreements between the
2841 selected REB and the institutions submitting research for review, the
2842 specialized or multi-institutional REB must agree to adhere to this Policy.

2843 Specialized or multi-institutional REBs may be established regionally,
2844 provincially/territorially, or nationally, as necessary.

2845 Another situation would include two or more institutions pooling their
2846 resources to create a single joint REB to whom the research ethics review is
2847 delegated. Such a delegation may be based on geographical proximity or
2848 other considerations such as capacity, volume of reviews, or shared expertise.

2849 Some provinces have introduced legislation that designates one or more
2850 REBs for the review of certain types of research within the province. In
2851 addition to other provisions, provincial legislation may require adherence to
2852 this Policy.

2853 Roles and responsibilities should be clearly defined in the agreement between
2854 institutions or in the legislation. The specialized or multi-institutional REB
2855 may act as the responsible REB, for any given review, if formally mandated
2856 as such by the institutions in question. Where relevant, agreements should
2857 specify how the specialized or multi-institutional REB will assure familiarity
2858 with particular populations that may be involved in the research. Central
2859 review by a specialized or multi-institutional REB need not be preceded or
2860 followed by local REB review.

2861 *3. Reciprocal REB Review*

2862 Multiple institutions may enter into agreements under which they will accept,
2863 with an agreed level of oversight, the ethics reviews of each other's REBs. This
2864 might involve specific agreements between institutions for sharing the workload
2865 of reviewing collaborative research.

2866 Institutions may also decide that reciprocity agreements between institutions
2867 involved in such research are to be established for each research proposal on
2868 a case-by-case basis.

2869 Whether the review is done by a single REB or reciprocal REB, researchers
2870 should ensure that the reviewing REB is provided with any relevant
2871 information about the local populations and circumstances that would
2872 ordinarily be available to the local REB and that may have a bearing on its
2873 review. Otherwise, local REBs might be called upon to provide such
2874 information, in addition to the information provided by the researchers.

2875 **Article 8.2** Every institution remains responsible for the ethical acceptability of research
2876 undertaken within its jurisdiction or under its auspices, regardless of the
2877 model adopted for multi-jurisdictional review of any given research project.

2878 **Application** The selection, establishment and implementation of alternative models for
2879 REB review is a collective/collaborative responsibility within and between

2880 the participating institutions, their REBs, and the investigators whose
2881 research is reviewed. Regardless of the review model adopted for any given
2882 research purpose, the institution remains responsible for the ethics review and
2883 for decisions regarding research involving human participants that is carried
2884 out under its auspices or within its jurisdiction, irrespective of the location
2885 where the research is conducted. The ultimate responsibility for the REB
2886 reviews and decisions remains with the individual institutions.

2887 Alternative procedures can range from multiple reviews of the same project
2888 to accepting the review of other REBs constituted in accordance with this
2889 Policy. An institution may authorize its REB to accept reviews of another
2890 institution’s REB if both institutions have an official agreement that includes
2891 at least the following components:

- 2892 • All institutions involved must agree to adhere to the requirements of this
2893 Policy, and the cross-institutional agreement must be formalized and
2894 documented;
- 2895 • The decision to allow an REB to recognize decisions made by another
2896 institution’s REB must be made at the highest institutional level, by the
2897 body that originally defined the jurisdiction of the REB and its
2898 relationship to other relevant bodies or authorities (in accordance with
2899 Article 6.2 in Chapter 6 [“Governance of Research Ethics Review”]); and
- 2900 • Approvals based on cross-institutional agreements should be brought to
2901 the attention of the full REB in each institution, in the same way as
2902 decisions made by delegated review.

2903 Researchers should use the review models defined by their institution and
2904 facilitate coordination of ethics review when submitting their proposal to the
2905 REB. Whatever model is chosen, roles and responsibilities of all involved in
2906 the process should be defined and agreed to at the outset. Institutions might
2907 decide to adopt different models for the review of different research projects.

2908 **Adoption of a Review Model Relevant to the Research Project is a Shared**
2909 **Responsibility Between Researchers and REBs**

2910 **Article 8.3** Researchers and research ethics boards (REBs) should, together, determine
2911 which review model is the most appropriate for proposed research involving
2912 multiple institutions and REBs.

2913 **Application** When planning for research involving multiple institutions and REBs,
2914 researchers and REBs should identify which review models have been
2915 approved by their institution and determine which one would be most
2916 relevant for the proposed research. Researchers should consider alternative
2917 review models at the planning and design stage of their research, and they

2918 should consult with their REB to facilitate the selection and coordination of
2919 the appropriate review model.

2920 Sensitivity to context is a key issue in the application of the core principles of
2921 this policy in ethics review of research involving multiple institutions and
2922 REBs. In choosing the appropriate review model, the researcher and the REB
2923 should pay attention to characteristics of the populations targeted by the
2924 research and the research context. When choosing alternative REB review
2925 models, researchers and REBs should consider the following:

2926 • The discipline and content area of the research and the availability of
2927 appropriate experience and expertise within, or available to, the reviewing
2928 REB;

2929 • The potential for conflict of interest and undue influence, including from
2930 funding sources;

2931 • The scope of the project to be reviewed and appropriateness of the
2932 proposed review mechanism;

2933 • The vulnerability of the study population overall and the local population
2934 at individual sites, and the level of risk associated with the research under
2935 review;

2936 • Any relevant differences in laws and/or guidelines pertaining to the
2937 research in question if the institutions are in different
2938 provinces/territories/countries;

2939 • Relationships between institutions and REBs, and conflict resolution
2940 mechanisms;

2941 • Any differences in the standard of care or access to services that might be
2942 relevant to the conduct of the research, normally followed at the
2943 participating institutions; and

2944 • Any operational issues that need addressing.

2945 **B. Review of Research Conducted Outside a REB’s Jurisdiction**

2946 Researchers affiliated with Canadian institutions are undertaking research in numerous
2947 countries around the world or sites within Canada. Such research may be carried out with or
2948 without any collaboration with host institutions and local researchers. Researchers should
2949 familiarize themselves with the rules applicable in the host institution and conduct their
2950 research in conformity with them. Most developed countries, and many developing
2951 countries, have laws, policies or guidelines governing the conduct of research involving
2952 humans. However, for some types of research, such formal frameworks or requirements for
2953 review do not exist.

2954 National and international standards for research involving human participants are evolving
2955 continually, but methods for comparing the precise levels of protection afforded participants in
2956 different countries or jurisdictions, and different institutions within those countries and
2957 jurisdictions, have not yet been developed. In exercising its responsibilities for the initial and
2958 continuing ethics review of research conducted under its auspices outside its jurisdiction, the
2959 Canadian REB must satisfy itself that the requirements of this Policy are met, both within the
2960 Canadian institution and within the host country or site, taking appropriate steps to ensure they
2961 are responsive to ethically relevant aspects of the research context.

2962 **Article 8.4** (a) Subject to Article 8.4(b), research conducted under the auspices of a
2963 Canadian research institution and conducted outside its jurisdiction, whether
2964 elsewhere in Canada or outside Canada, shall undergo prospective ethics
2965 review both by the research ethics board (REB) at the Canadian institution
2966 under whose auspices the research is being conducted and by the REB or
2967 similar body, where such exists, at the collaborating institution(s) in the host
2968 research site.

2969 (b) Where research conducted under the auspices of a Canadian research
2970 institution and performed in whole or in part outside Canada is covered by
2971 an ethics review model involving multiple institutions or REBs consistent
2972 with this Policy, the terms of that model apply.

2973 **Application** An institution is responsible for the ethical conduct of research undertaken by its
2974 faculty, staff or students regardless of where the research is conducted (see
2975 Article 6.1). Thus, for a Canadian research institution, review of the research by
2976 the institution's REB is required in addition to review by an REB having
2977 jurisdiction at the research site in the host country or elsewhere in Canada,
2978 where such exists. Approval of a research proposal by an REB at the host
2979 research site does not constitute sufficient authorization to conduct the research
2980 without the approval of the relevant Canadian REB(s). Conversely, approval by
2981 the Canadian REB(s) is not sufficient warrant to begin the research without the
2982 approval of the REB or other appropriately constituted review body at the host
2983 site.

2984 In some cases, researchers undertake research in Canada or abroad without
2985 seeking formal collaboration with other academic institutions. In such cases, in
2986 addition to the REB review at their own institution, researchers may need to
2987 obtain access to the site and prospective participants from a responsible agency,
2988 where such exists. They should inform the REB whether or how they will seek
2989 permission to proceed with the research at that site and with the target research
2990 participants. Some organizations or groups have established mechanisms or
2991 guidelines (e.g., school boards, Aboriginal communities, correctional services,
2992 service agencies and community groups) to review requests for research prior to
2993 allowing access to their members or individuals, or access to data about them,
2994 under their authority. When designing their research, researchers should
2995 consider such provisions. This article does not apply to research using critical

2996 inquiry about organizations or institutions. (See Article 3.6 in Chapter 3 [“Free
2997 and Informed Consent”].)

2998 In other cases, no such provisions or requirements exist. Researchers should
2999 inform the REB about the absence of any other review mechanisms available
3000 at the research site. In such cases, researchers and REBs should apply the
3001 core principles outlined in this Policy.

3002 Some countries have not established formal ethics review mechanisms for
3003 some types of research. REBs should not prevent such research from
3004 proceeding solely because the research cannot be reviewed and approved
3005 through a formal REB review process in the foreign country. Under these
3006 circumstances, researchers should be aware of relevant cultural practices,
3007 such as those normally followed to seek entry into the relevant communities,
3008 and be respectful of them.

3009 Researchers and REBs should afford the prospective participants no less
3010 protection and respect than what this Policy requires. Respect for the welfare,
3011 autonomy and equal moral status of all humans considered in the context of
3012 the particular research project and setting should guide researchers in the
3013 design of their research and REBs in their review.

3014 **Article 8.5** (a) Subject to Article 8.5(b), when conducting research outside the
3015 jurisdiction of their home institution, whether at a site abroad or in
3016 Canada, researchers should provide their home research ethics board(s)
3017 (REBs) with:

- 3018 • the relevant information on the rules governing human research and
3019 the ethics review requirements at the host site;
- 3020 • the names and contact information for the relevant REBs or
3021 comparable ethics bodies, if known, that will review the proposal at
3022 the host site; and
- 3023 • relevant information about the target populations and circumstances
3024 that might have a bearing on the ethical review by the researcher’s
3025 home REB.

3026 (b) Where a review model involving multiple institutions and REBs is in
3027 place, the information to be provided to the home REB will be
3028 determined by the provisions of that model.

3029 **Application** As Canada’s role in national and international research and research funding
3030 continues to grow, researchers and REBs should be aware of the research ethics
3031 requirements and the types of protection afforded to human research participants
3032 in proposed research locations. Researchers and REBs should consult relevant
3033 resources for details of policies and for appropriate REBs in the host country or

3034 research site in Canada (see References, below). Applicable policies at the
3035 proposed site may differ considerably from this Policy, and therefore it is the
3036 responsibility of the researchers and REB(s) to ensure that the provisions of this
3037 Policy for the particular research project are followed at such sites, within the
3038 host country or in Canada, at a minimum.

3039 Subject to Article 8.5 (b), disagreements may arise when one of the REBs or
3040 equivalent review body (Canadian or foreign) grants approval while the other
3041 does not. Such disagreements require open communication among the
3042 investigator(s) and the REBs or equivalent review body involved. (See also
3043 Section A [“Review Mechanisms for Research Involving Multiple Institutions
3044 and Research Ethics Boards”], above.) In keeping with the context-sensitive
3045 approach to research ethics review embodied in this Policy, the Canadian REB
3046 should ensure that it has a clear understanding of the differing rationales that
3047 might underlie divergent REB positions or decisions on a given proposal. Where
3048 the REB is uncertain about the appropriate course of action in a given research
3049 proposal, it should make contact with its counterpart REB in the host country.
3050 The REBs should engage in dialogue and may even establish a specific
3051 mechanism, such as a joint subcommittee of the two REBs (e.g., for situations in
3052 which institutions collaborate regularly), to facilitate appropriate deliberation in
3053 order to reach a thoughtful and well-informed judgment on a given research
3054 proposal (see also Article 8.2).

3055 **C. Other Ethics Considerations When Reviewing Research**
3056 **Conducted Outside the Jurisdiction of the REB**

3057 **Benefit Sharing and Obligations of Care for Research Participants and Communities**

3058 Researchers should consider the implications of the core principles for sharing the benefits of
3059 the research. (See Chapter 1 [“Ethics Framework”] and Chapter 9 [“Research Involving
3060 Aboriginal Peoples”].) They should be familiar with the social and economic circumstances in
3061 the host site or country. As well, they should anticipate, to the best of their ability, obligations
3062 of care that might arise in any given research proposal. In general, researchers should ensure
3063 that any services or care necessary to complete a given study, or to respond effectively to any
3064 foreseeable harms that may be experienced by research participants, are provided at the site of
3065 the research. But researchers should also anticipate, and prepare to the best of their ability and
3066 based on available resources, for demand for ancillary care that might arise in the course of the
3067 research. Joint planning with local collaborators and/or advisors can help to clarify the most
3068 likely nature of the ancillary care demand, as well as the most appropriate division of
3069 responsibility for meeting it, where appropriate.

3070 Researchers should also be sensitive to the expectations and opinions of participants regarding
3071 potential benefits of the research, and they should arrive at agreements with the community
3072 about the scope and nature of the benefits that will be provided to participants and/or their
3073 communities during and after the research. The agreements should, to the extent possible, be
3074 explicit about the planned division of responsibilities for realizing these benefits. In many

3075 cases, benefits may be delivered most effectively in partnership with local organizations.
3076 Benefit sharing may, for example, take the form of information sharing, training for local
3077 personnel both in the host country and in Canada, or health care or similar services. Where
3078 applicable, these benefit-sharing agreements, whether formal or informal, should be submitted
3079 to the Canadian REB and the REB of the host site or country for review. Since researchers are
3080 not aid agencies, REBs should be vigilant to ensure that the proposed distribution of benefits is
3081 fair, without imposing undue burdens on the researcher that would make it too difficult or
3082 costly to complete the research reliably.

3083 Researchers should pay special attention to cultural or other values that differ from their own.
3084 They should also take care not to create unrealistic expectations among participants with
3085 respect to the potential benefits of the research.

3086 Researchers should normally provide copies of publications or other research reports arising
3087 from the research to the institution or organization – normally the host institution – that is best
3088 suited to act as a repository and disseminator of the results within the participating
3089 communities. This may not be necessary in countries when the results are readily available in
3090 print or electronically.

3091 **Protection of Research Participants in Authoritarian Countries**

3092 Various international conventions and treaties have espoused the position that researchers
3093 should be permitted free movement across national boundaries to conduct their research.
3094 REBs should, therefore, not veto research about authoritarian countries on the grounds that
3095 the regime or its agents have not given approval for the research project or have expressed a
3096 dislike of the researchers. REBs should, however, legitimately concern themselves with the
3097 safety of research participants and the security of research materials. (See Article 3.12 in
3098 Chapter 3 [“Free and Informed Consent”]. When copies of field material are provided to
3099 participants in countries with authoritarian regimes, researchers should concern themselves
3100 with commitments concerning anonymity and confidentiality of participants to ensure that
3101 human rights of the participants and the ethical principles set out in this Policy are not
3102 compromised. (See Articles 5.1 - 5.4 in Chapter 5 [“Privacy and Confidentiality”].)

3103 **Risks to Researchers**

3104 Researchers undertaking research in other countries may be exposed to risks of harm. They
3105 should consult the appropriate bodies within their institutions and abroad who may provide
3106 advice on conditions in other countries prior to starting the research.

3107 In fulfilling their review role, REBs have access to details of the context within which the
3108 research takes place in other jurisdictions and countries, and which may raise safety
3109 concerns for the researcher. In those cases, and while it is not a formal part of their
3110 responsibilities, REBs may raise such concerns as part of their communication to the
3111 researchers of the results of the ethics review, and the REB should flag such concerns with
3112 the institution.

3113 **References**

- 3114 • Office for Human Research Protections (OHRP), International Compilation of
3115 Human Subject Research Protections.
3116 • ———, REB FWA Registry. <http://ohrp.cit.nih.gov/search/asearch.asp#ASUR> .

Chapter 9

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RESEARCH INVOLVING ABORIGINAL PEOPLES

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A. Interpreting the Ethics Framework in Aboriginal Contexts

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This chapter interprets how the value of respect for human dignity and the core principles of concern for welfare, respect for autonomy and equal moral status of all humans, as articulated in Chapter 1 (“Ethics Framework”), apply in varied contexts of research involving Aboriginal peoples, including First Nations, Inuit and Métis.

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Ethical codes to protect human dignity have historically been concerned with the well-being of individual participants, interpreted in this Policy as concern for participants’ physical and mental health. Concern for welfare includes individual well-being, but broadens the focus of ethics to consider individuals imbedded in relationships in their physical, social, economic and cultural environments. This Policy acknowledges the important role of Aboriginal communities, particularly those that exercise local or regional governing authority, in promoting collective interests that also serve individual well-being. The Policy also directs attention to ethical protections for the autonomy of individual members within communities and to the interests of urban and other Aboriginal populations who may not have formal representation in an Aboriginal governance structure.

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Communities are particularly concerned that research should enhance their capacity to maintain their cultures, languages and identities as distinct peoples and to facilitate their full participation in Canadian society. The interpretation of welfare and the balance between concern for individual well-being and broader concerns for collective welfare may therefore differ significantly in an Aboriginal context, as compared with more individualistic social situations.

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Where the social, cultural or linguistic distance between the community and researchers from outside the community is significant, the potential for misunderstanding is likewise significant. Engagement between the community involved and researchers, initiated prior to the actual research activities and maintained over the course of the research, can enhance ethical practice and the quality of research by promoting mutual trust and communication, establishing mutually beneficial research goals, and ensuring that the conduct of research is respectful of the well-being of individuals and the welfare of the collective, as understood by all parties involved.

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Respect for autonomy is expressed principally through securing the voluntary, informed consent of research participants. First Nations, Inuit and Métis concerns for their continuity as peoples with distinctive origins, identities and rights have led to the development of

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3151 ethical protocols to guide community–researcher relations. These protocols typically assign
3152 decision-making authority to a body or bodies acting for the collective. Community
3153 engagement in these situations, particularly when First Nations, Inuit or Métis communities
3154 with local governments are involved, may take the form of formal approval of a research
3155 undertaking. While such endorsement may be required to enable research, group approval is
3156 not a substitute for consent by participating individuals. A key consideration for researchers,
3157 research ethics boards (REBs) and participants is determining when voluntary, informed
3158 consent of individuals is sufficient and when the welfare of the relevant group is implicated,
3159 making community engagement a priority.

3160 Respect for the equal moral status of all humans is easily compromised when a serious
3161 imbalance of power prevails between the researcher and participants. Resulting harms are
3162 seldom intentional. In the case of Aboriginal peoples, abuses have historically included
3163 appropriation of cultural property such as songs, stories and artifacts, devaluing of
3164 Indigenous knowledge as primitive or superstitious, violation of community norms
3165 regarding the use of human tissue and remains, and dissemination of information that
3166 stigmatized whole communities. Affirmation of Aboriginal rights and respect for community
3167 ethics codes and protocols are means to better ensure balance in the relationship between
3168 researchers and participants and mutual benefit in researcher–community relations.

3169 **B. Ethical Concerns in Research Involving Aboriginal Peoples**

3170 Aboriginal peoples have rights and interests that deserve recognition and respect by the
3171 research community. The articulation of ethics guidelines for research involving Aboriginal
3172 peoples is situated in a broader movement transforming the relationship between Aboriginal
3173 peoples and Canadian society. Research has a critical role to play in creating the knowledge
3174 base for mutually respectful relationships and full participation in Canadian life, with all its
3175 responsibilities and benefits.

3176 The Aboriginal and treaty rights of Aboriginal peoples, including First Nations, Inuit and
3177 Métis peoples, were recognized and affirmed in the *Constitution Act, 1982*, creating an
3178 obligation on public institutions to acknowledge and support the desire of Aboriginal
3179 peoples to maintain their collective identity and the continuity of their cultures. This
3180 affirmation marks a break with Canada’s colonial past, in which the goal of public policy
3181 was to absorb Aboriginal peoples into Euro-Canadian society and erase their distinctive
3182 identities.

3183 Research conducted ethically can benefit Aboriginal people and communities. However,
3184 intrusive or insensitive research can contribute to negative stereotypes of Aboriginal
3185 peoples, as well as inaccurate perceptions of research and researchers in Aboriginal
3186 societies. In the past, research concerning Aboriginal peoples has usually been initiated
3187 outside the Aboriginal community and carried out by non-Aboriginal personnel. Aboriginal
3188 people have had little opportunity to correct misinformation or to challenge ethnocentric and
3189 racist interpretations. In light of such experience, many Aboriginal people feel apprehensive
3190 about the activities of researchers.

3191 First Nations, Inuit and Métis communities and organizations are assuming an increasingly
3192 active role in defining how they will relate to external researchers and sponsoring
3193 institutions. Community initiatives are grounded in the assertion of inherent Aboriginal
3194 rights and go beyond protective measures to ensure that research does no harm. They
3195 propose participation as partners in all phases of research to protect their cultural heritage, to
3196 ensure that their knowledge systems and understandings of the world are authentically
3197 reflected in research practice, and to secure equitable distribution of benefits between
3198 researchers and participant communities.

3199 Cultural heritage may include artifacts, cultural property, collective knowledge and skills, and
3200 other intangibles that are transmitted from one generation to the next, such as folklore,
3201 customs, representations or practices. International instruments such as the United Nations
3202 Declaration on the Rights of Indigenous Peoples have helped to raise awareness of the
3203 substance of cultural heritage, the risks of misappropriation, and ethical obligations to respect
3204 and conserve the integrity of Indigenous knowledge systems.

3205 Aboriginal or Indigenous knowledge is usually described as holistic, involving body, mind,
3206 feelings and spirit. Knowledge is specific to place, transmitted orally and rooted in the
3207 experience of multiple generations. Indigenous knowledge is expressed in symbols, arts,
3208 ceremonial and everyday practices, narratives and, most especially, in relationships. Indigenous
3209 peoples value their relationship with the land as a living entity that reveals the way of right
3210 living. Indigenous knowledge has gained recognition as a resource of potential benefit to
3211 modern society – for example, through traditional techniques of sustaining environmental
3212 systems in balance with human usage or knowledge of plant life for agricultural, medicinal and
3213 cosmetic purposes. Commercialization of Indigenous knowledge without benefit to
3214 communities from which the knowledge originated has prompted efforts to protect the interests
3215 of holders of Indigenous knowledge.

3216 Aboriginal peoples in Canada encompass great diversity. First Nations, Inuit and Métis
3217 representatives declare that the term “Aboriginal” glosses over the distinctions among them, as
3218 peoples with their own histories, cultures and languages. Communities may be large and
3219 urbanized or small and isolated. They may be relatively close to a traditional, land-based way
3220 of life or integrated in a market economy. Governance may be exercised by a First Nation band
3221 council, an Inuit hamlet council, a Métis settlement council or a regional authority. First
3222 Nation, Inuit and Métis people who reside off a reserve, land claim territory or settlement now
3223 make up the majority of the Aboriginal population of Canada. They do not ordinarily have a
3224 governance or administrative structure to represent their interests. Communities are also
3225 becoming more diverse internally, as a result of formal education, employment, mobility and
3226 intermarriage with non-Aboriginal persons.

3227 In light of ethical obligations to respect the rights of Aboriginal peoples as expressed in
3228 community codes and protocols; the local variations in cultural heritage and Indigenous
3229 knowledge; and the diversity among and within First Nation, Inuit and Métis communities,
3230 researchers should seek culturally informed advice appropriate to the context when their work
3231 involves Aboriginal participants.

3232 **C. Applying Provisions of this Policy in Aboriginal Contexts**

3233 This Policy provides guidance on issues that have been raised frequently in public
3234 consultations on revision of the original version of this Policy (1998), in the CIHR
3235 *Guidelines for Health Research Involving Aboriginal People* (2007), and in community
3236 protocols and ethics codes. The development of policy applications has also been informed
3237 by international dialogue that increasingly acknowledges the unique interest that Aboriginal
3238 peoples have in ensuring accurate and informed research concerning their heritage, customs
3239 and communities.

3240 Applying this Policy in a way that accommodates the diversity of Aboriginal cultures and
3241 communities is complex. The fit between community protocols and institutional policies
3242 may be unclear, requiring researchers to adapt conventional practice or broker agreements.
3243 Multiple geographic communities or an urban community of interest engaged in research
3244 may not have representative bodies to provide guidance to researchers. Researchers and
3245 REBs are reminded that ethical judgment must be attentive to the specific context of a
3246 proposed project. Researchers and REB members unfamiliar with the changing context of
3247 Aboriginal research are advised to consult reference documents that provide a fuller
3248 exploration of the concerns cited in this chapter.

3249 **D. Research Processes and Ethics Review**

3250 **When Articles in this Chapter Apply**

3251 **Article 9.1** Researchers and research ethics boards should consider whether application
3252 of the core principles of this Policy require interpretation or adaptation in the
3253 context of proposed research involving Aboriginal participants, to
3254 demonstrate respect for Aboriginal rights and cultural heritage, the integrity
3255 of Indigenous knowledge systems, and the diversity among and within
3256 Aboriginal communities.

3257 **Application** Protections for human research participants set out in this Policy apply to
3258 research involving Aboriginal people, with the provision that application of
3259 the principles and requirements may require interpretation or adaptation, in
3260 situations such as the following:

3261 (a) Research is conducted on a defined First Nation territory, Inuit land
3262 claims territory or Métis settlement;

3263 (a) The analysis of the research data will use Aboriginal identity or
3264 membership in an Aboriginal community as a variable;

3265 (a) The research involves cultural property, Indigenous knowledge, or input
3266 from an Aboriginal community;

3267 (a) There is a reasonable expectation that the research population will include
3268 a significant number of Aboriginal individuals;

3269 (a) Recruitment criteria include Aboriginal identity as a factor for the entire
3270 study or for a subgroup in the study;

3271 (a) The research question is concerned with Aboriginality or membership in
3272 a formal or informal Aboriginal community, or with characteristics of the
3273 community; or

3274 (a) The interpretation of the research results will refer to Aboriginal peoples,
3275 language, history or culture.

3276 In some primary research, Aboriginal identity of participants may become
3277 known only at the point of conducting the research. In such cases, researchers
3278 will need to consult with individuals providing data to determine whether
3279 cultural accommodations, such as access to a culturally informed advisor or
3280 linkage with a community, are appropriate.

3281 **General Requirement to Inform REBs on Community Engagement**

3282 **Article 9.2** In research proposals involving one or more Aboriginal communities or a
3283 significant number of Aboriginal participants, researchers shall inform the
3284 research ethics board of how they have engaged or intend to engage the
3285 community in approving, advising on or managing the project. The nature
3286 and extent of community engagement should be appropriate to the type of
3287 community and proportionate to the level of Aboriginal involvement in the
3288 research.

3289 **Application** First Nation, Inuit, Métis, urban and rural communities differ significantly
3290 from one another, and they are characterized by increasing internal diversity.
3291 Engagement with the relevant community throughout the research process is
3292 the preferred means of ensuring that the ethical protections incorporated in a
3293 project respect the identities, interests and circumstances of participants. In
3294 the following examples, List A illustrates degrees of Aboriginal involvement
3295 in a variety of research projects and List B gives examples of community
3296 engagement proportionate to the level of Aboriginal involvement in each type
3297 of project cited.

3298 *List A: Examples of Aboriginal involvement*

3299 1. Research directly involving a defined Aboriginal community with formal
3300 leadership. Example: a project that examines the incidence of diabetes in
3301 Pond Inlet.

3302 2. Research involving Aboriginal people who comprise a sizable proportion
3303 of the study or community and where Aboriginal-specific conclusions are
3304 intended. Example: a comparative study of access to public housing in
3305 Prince Albert, Saskatchewan.

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3. Research involving Aboriginal people who are part of a larger community (regardless of their proportion) that is the subject of research, and where Aboriginal-specific conclusions are anticipated. Example: a study of student retention in high schools in the Sault Ste. Marie district of Ontario.
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4. Research involving Aboriginal people who comprise a sizeable proportion of the larger community that is the subject of research even if no Aboriginal-specific conclusions will be made. Example: research on employment development programs serving residents of Winnipeg's inner city.
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5. Research that may incidentally involve a small proportion of Aboriginal individuals but is not intended to single out or describe characteristics of Aboriginal people in the study. Example: a study of the effectiveness of therapies to control high blood pressure in a sample of hospital out-patients.
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6. Natural sciences research on First Nation or Inuit territories where Aboriginal people may act as co-investigators or benefit from findings. Example: research on contaminants in sources of country food in northern Quebec.

3325 *List B: Examples of proportionate community engagement*

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1. Permission of the land claims organization that carries authority to approve research in Nunavut is required. Agreement of the hamlet council in Pond Inlet will normally be a condition of approval. The local health committee may co-manage the project.
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2. The tribal council representing local First Nation communities may partner with the Prince Albert city council to sponsor, implement and use the results of the housing study.
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3. A committee to advise the District Board of Education and the researchers conducting the retention study may be convened, representing First Nations, Métis organizations and urban Aboriginal people whose children are affected.
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4. Aboriginal service agencies may be engaged to help recruit Aboriginal participants and secure community representation on an oversight committee, to ensure cultural sensitivity in collecting and interpreting data on employment program impacts.
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5. If Aboriginal individuals self-identify during the collection of primary data in the blood pressure study, researchers should inquire whether culturally appropriate assistance is desired to interpret or support

3344 compliance with protocols. Since Aboriginal participation is incidental
3345 rather than scheduled, informing the REB is not required. However, it
3346 should be noted that including markers of Aboriginal identity in data may
3347 reveal anomalies that warrant further, more targeted, research.

3348 6. Research that involves the collection and analysis of tissue samples from
3349 animals and does not involve human participants does not require REB
3350 review under provisions of this Policy. Inuit and First Nations protocols
3351 may, nevertheless, require regional and local permission and reporting of
3352 findings to communities on whose traditional territories the research takes
3353 place and who may benefit from the research.

3354 The evidence of community engagement in a project may vary from a formal
3355 agreement setting out terms of co-management, to verbal approval of the
3356 proposed research in a group setting (which should be recorded), to informal
3357 advice from an ad hoc committee. Where a researcher has an ongoing
3358 relationship with a community, a letter or equivalent evidence of
3359 endorsement by a relevant leader or authority may signal approval to proceed
3360 with the research.

3361 Communities vary widely in the level of human and material resources they
3362 have available to collaborate with research initiatives. First Nation
3363 communities have gone furthest in developing bodies to provide ethics
3364 oversight. Inuit land claims organizations have the authority to oversee
3365 research but have limited personnel available to fill the technical and
3366 professional roles in research implementation. Small, remote communities
3367 and urban populations have the most limited organizational resources to
3368 advise or collaborate in research. The least organizationally developed
3369 communities are the most vulnerable to exploitation and should be supported
3370 in expanding their capacity to participate rather than suffering dilution of
3371 ethical safeguards.

3372 Where Aboriginal participants or communities do not designate an
3373 organization or individuals to represent their interests, the responsibility for
3374 securing culturally informed advice on ethical protections rests with the
3375 researcher or the sponsoring institution.

3376 Research involving multiple Aboriginal communities may adopt varied
3377 models of community engagement. Regional bodies or national organizations
3378 such as the Mi'kmaq Ethics Watch in Nova Scotia or the Assembly of First
3379 Nations provide guidance on research and ethics for constituent communities.
3380 Review and endorsement of a research initiative by such an organization may
3381 facilitate but not substitute for local engagement.

3382 Historical, genealogical or analytical research that does not collect data from
3383 living persons is not ordinarily subject to REB review. Findings of such
3384 research nevertheless may have an impact on the identity or heritage of

3385 persons or communities. Seeking advice to ensure that cultural perspectives
3386 are acknowledged would constitute good practice.

3387 **Research on First Nations, Inuit or Métis Territory Requires Consultation**
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3389 **Article 9.3** Where a proposed research project is to be conducted on territory where a First
3390 Nation or Métis government has authority or on territory included in an Inuit
3391 land claim settlement, researchers are required to consult with formal leaders of
3392 the territory or administrators of the settlement agreement, except as provided
3393 under Articles 9.7 and 9.8.

3394 **Application** Community engagement is set out as a basic expectation in research involving
3395 Aboriginal participants and communities (Article 9.2, above). Where Aboriginal
3396 authorities exercise jurisdiction over designated territory provisions of Article
3397 8.4 in Chapter 8 (“Multi-jurisdictional Research”) may also apply, requiring
3398 ethics review of research proposals “by the REB or similar body, where such
3399 exists, at the collaborating institution(s) in the host research site.”

3400 Representative Inuit organizations have mandates under land claims agreements
3401 to review, approve and monitor research conducted on their territories. Many
3402 First Nations have adopted ethical codes and research protocols as an expression
3403 of self-determination and an inherent right to self-government, which has been
3404 recognized in federal government policy. National bodies such as the First
3405 Nations Information Governance Committee of the Assembly of First Nations
3406 and regional bodies such as the Mi’kmaq Ethics Watch provide guidance on
3407 ethical practices but defer to local communities to make decisions on endorsing
3408 research activities.

3409 Mail-out, telephone and Internet surveys to poll members on First Nation or
3410 Inuit territories are subject to the same requirements of community engagement
3411 and ethics review as are other forms of research involving Aboriginal peoples.

3412 While the legal basis for governance of research may vary depending on the
3413 community, the practical requirement of engaging community leaders and the
3414 ethical obligation to respect community views on well-being and welfare remain
3415 consistent.

3416 **Article 9.4** Researchers are required to obtain free, and informed consent of individual
3417 participants in research projects involving Aboriginal people, in accordance
3418 with provisions of Chapter 3 (“Free and Informed Consent”) and in addition
3419 to group engagement, where appropriate.

3420 **Application** In no case is community or organizational agreement a substitute for
3421 individuals’ informed consent to participate in a research project. Researchers
3422 should be sensitive to the possibility that an individual’s decision to

3423 participate or withhold participation in research may be constrained by group
3424 influence. While conformity to the group may be by choice, any undue
3425 influence on the exercise of autonomy should be mitigated where possible.

3426 **Respect for Community Ethics Codes and Protocols**

3427 **Article 9.5** Where prospective participants signify that a community ethics code or
3428 protocol is in effect, researchers and research ethics boards shall take into
3429 consideration the code or protocol that applies in the territory or organization.
3430 The similarity, divergence or overlap of such code or protocol with this Policy,
3431 and clarification of mutual expectations, should be considered by all parties in
3432 advance of launching a particular project.

3433 **Application** Where communities indicate that they endorse a particular ethics code or
3434 research protocol, or when individuals participate in research as members of a
3435 community or organization adhering to such protocols, researchers and REBs
3436 should take into consideration the code or protocol that applies in the territory or
3437 organization and seek to harmonize any differences that may arise between that
3438 code or protocol and this Policy.

3439 Many First Nations communities across Canada have adopted an ethics code
3440 identified by the principles of ownership, control, access and possession
3441 (OCAP), which asserts ownership, control, access and possession of research
3442 processes affecting them. The principle of ownership asserts that a community
3443 or group owns information collectively in the same way that an individual owns
3444 personal information and that the community or group can therefore choose to
3445 share it (or not) under conditions that they specify. The principle of control
3446 asserts that First Nations peoples, their communities and representative bodies
3447 have a right to control all aspects of research and information management
3448 processes that affect them. Control can extend to all stages of a research project,
3449 from conception to completion. The principle of access asserts that First Nations
3450 peoples must have access to data about themselves and their communities
3451 collected in the course of research, and they have a right to make decisions
3452 regarding access by others to their collective information. Possession of data
3453 need not be exercised at the local level. In the case of the Regional Longitudinal
3454 Health Survey funded by Health Canada and administered by First Nation
3455 agencies, communities typically delegate stewardship of data to a regional
3456 organization that has adequate infrastructure to manage confidential personal
3457 data. OCAP principles together represent assertion of self-determination applied
3458 to research.

3459 Inuit Tapiriit Kanatami, which represents four Inuit regions, has published a
3460 guide for negotiating research relationships with Inuit communities.

3461 Métis communities, women's groups and urban organizations aspire to
3462 assume a larger role in research affecting their members, but development of

3463 these research protocols is at an earlier stage. Without a land base or official
3464 recognition of service entitlements, these sectors of the Aboriginal
3465 community generally are limited to project-based funding for research and
3466 similarly limited opportunities to develop policy on research.

3467 Community review of research may have distinct purposes and procedures,
3468 and it will not replace REB review within institutions supporting particular
3469 projects. Having reference to parallel codes and protocols in institutions and
3470 communities is likely to pose questions of which code should prevail when
3471 expectations and/or requirements diverge. Maintaining respectful
3472 relationships will be dependent on all partners being prepared to reflect on
3473 what is essential to achieving common goals and on what degree of flexibility
3474 is consistent with their core values.

3475 **Article 9.6** Researchers should consider entering into research agreements with those
3476 Aboriginal communities who have adopted ethics codes or protocols, as a means
3477 of clarifying and confirming mutual expectations and commitments between
3478 researchers and communities.

3479 **Application** Research agreements serve as a primary means of clarifying and confirming
3480 mutual expectations and commitments between researchers and communities.
3481 Expanding on information normally provided to an individual participant (see
3482 Article 3.2), agreements typically set out the purpose of the research and
3483 detail mutual responsibilities in project design, data collection and
3484 management, analysis and interpretation, production of reports and
3485 dissemination of results.

3486 The level of community engagement desired and achieved will depend on the
3487 organizational infrastructure in place in the community or group and the
3488 willingness and capacity of all parties to develop the necessary supports for
3489 shared direction and responsibility. Particularly in First Nations and Inuit
3490 communities, collective endorsement of research initiatives has become a
3491 standard requirement. Such agreements are increasingly being recognized by
3492 academic institutions and the researchers associated with them as providing
3493 reference points for ethics review and approval on such elements as consent
3494 and confidentiality. Agreements that specify procedures for community ethics
3495 review, included as part of the institutional ethics application, can provide
3496 contextual information and guidance for REBs conducting initial review of
3497 applications and continuing ethics review throughout the project.

3498 **Community Engagement at Variance with Operative Protocols**

3499 **Article 9.7** Where alternatives to community, regional or organization protocols are deemed
3500 necessary to ensure the inclusion or safety of participants or the achievement of
3501 research objectives, the researcher shall describe such alternatives and provide a
3502 rationale to the research ethics board for pursuing them.

3503 **Application** While protocols under the authority of formal leaders, such as chiefs and
3504 band councils or hamlet councils, generally serve community interests, First
3505 Nation, Inuit and Métis communities are far from homogeneous. Diverse
3506 communities of interest often co-exist within geographic communities, and
3507 formal leaders may not be the appropriate persons to act on their behalf.

3508 In the case of traditional leadership structures or sacred societies, legitimate
3509 channels to endorse group participation exist. Examples are the Confederacy
3510 Council of the Haudenosaunee, whose authority derives from the Great Law
3511 of the Iroquois rather than the *Indian Act*, or sacred societies of the Blackfoot,
3512 which are recognized as the authorities with respect to their knowledge.
3513 REBs should respect such leadership structures when reviewing the consent
3514 process and procedures in research proposals.

3515 In the case of persons or groups that may be vulnerable within communities,
3516 alternative avenues for engaging participation may be more appropriate. For
3517 example, women taking action against domestic violence have encountered
3518 opposition from some community leaders and so may not have access to
3519 formal approval of research to improve their safety, well-being or welfare.
3520 Alienated youth may not trust that their voices will be respected if official
3521 leadership is involved in approving the research.

3522 Where divergent group interests within a community appear to be in conflict,
3523 problem-solving on site will be required to avoid deepening divisions or
3524 increasing the vulnerability of groups and individuals. The good offices of
3525 trustworthy persons who have moral authority in the community can often be
3526 enlisted to find ways to proceed with research that preserves respect for all
3527 parties. However, in some cases the risks involved simply outweigh the
3528 benefits to be derived from proceeding with the research.

3529 Where alternatives to seeking approval of formal leaders are to be pursued,
3530 researchers should provide a rationale and document the nature of the process
3531 to be followed.

3532 **Critical Inquiry**

3533 **Article 9.8** Research that critically examines the conduct of public institutions or persons in
3534 authority may do so ethically, notwithstanding the usual requirement, in research
3535 involving Aboriginal peoples, of engaging representative leaders. In such cases
3536 care should be taken to ensure sensitivity to culture and community contexts.

3537 **Application** The general provision that guidance for ethical conduct of research should be
3538 obtained through engagement with the relevant community should not be a
3539 bar to critical inquiry in which the objective may be to uncover unjust or ill-
3540 conceived behaviour on the part of public institutions or persons in authority.
3541 Considerations in conducting critical inquiry are discussed more fully in
3542 Article 3.6 of Chapter 3 (“Free and Informed Consent”).

3543 As in the case of research involving vulnerable subgroups within an
3544 Aboriginal community, critical inquiry will require creative approaches to
3545 ensure cultural appropriateness and integrity of the research. The Sisters in
3546 Spirit project of the Native Women’s Association of Canada (NWAC)
3547 illustrates successful mounting of research that incorporates a critical
3548 dimension and multiple ways of validating goals and methods of the research.

3549 The Sisters in Spirit Project is national in scope, interviewing the families of
3550 missing and murdered Aboriginal women in urban and rural settings, on and
3551 off First Nations territory. The purpose is to document the experience of the
3552 disappeared women and their families to effect policy change and improve
3553 the safety and well-being of Aboriginal women in Canada. The research is
3554 funded by Status of Women Canada and has been endorsed by resolution of
3555 the Assembly of First Nations. NWAC assumes responsibility for monitoring
3556 the ethical conduct of its researchers. The project examines, among other
3557 matters, the adequacy of public institutions and services to protect the
3558 women’s well-being and support families in their efforts to deal with their
3559 losses. NWAC acts as its own ethical review body, builds on its established
3560 moral authority to investigate sensitive matters, welcomes endorsement by a
3561 national political organization, engages the cooperation of regional health
3562 directors where available, and informs local authorities of the presence of its
3563 researchers on First Nations territory.

3564 **Privacy and Confidentiality**

3565 **Article 9.9** In the context of community-based research collaboration, researchers,
3566 research ethics boards and community partners should consider early in the
3567 design of the research how community protocols on data custody and
3568 confidentiality fit with provisions for privacy set out in Chapter 5 (“Privacy
3569 and Confidentiality”) in order to resolve any inconsistencies.

3570 **Application** Researchers should inform communities and individuals what arrangements
3571 are made in partnered research to respect privacy of individuals and
3572 communities.

3573 Privacy and confidentiality of identifiable personal and community
3574 information may be affected in some First Nation communities by application
3575 of the principles of ownership, control, access and possession (OCAP) (see
3576 definition under Article 9.5). Negotiation of research agreements permits
3577 Aboriginal parties and academic researchers to explore the practical
3578 implications of the OCAP principles in First Nation communities or
3579 comparable principles operative in Inuit and Métis communities, to reach
3580 mutual accommodations. Where research agreements provide that
3581 community partners will have limited or full access to identifiable personal
3582 data, the consent of participants to such disclosure shall form part of the
3583 consent procedure.

3584 Many Aboriginal communities are small and characterized by dense networks
3585 of relationships, with the result that anonymizing individual data is often not
3586 sufficient to mask identities. Some Aboriginal research participants are
3587 reluctant to speak to interviewers from their own community because of
3588 privacy concerns. Other participants, in qualitative studies or life histories,
3589 may wish to be acknowledged individually for their contributions.
3590 Communities themselves have distinguishing characteristics, which in some
3591 cases have compromised efforts to disguise the site of research and led to the
3592 communities' being stigmatized.

3593 The Regional Health Survey administered by regional First Nations
3594 organizations has addressed the problem of balancing confidentiality and
3595 access by having communities designate a regional organization to hold data
3596 while local authorities make decisions on who can access the data and under
3597 what conditions. In practice, the organization that serves as data steward
3598 evaluates requests for information, and its recommendations to community
3599 authorities have considerable influence.

3600 Privacy protections within the research context are evolving within the
3601 federal granting Agencies, with attention to harmonization with federal,
3602 provincial and territorial legislation. The Canadian Institutes for Health
3603 Research has published *CIHR Best Practices for Protecting Privacy in
3604 Health Research*. Accommodation of Aboriginal initiatives to maintain
3605 access to data for community use, applying principles such as OCAP, will be
3606 situated within the larger framework of law and policy to protect privacy.

3607 **Protection of Indigenous and Cultural Knowledge**

3608 **Article 9.10** Researchers should consider, and research ethics boards should review, whether
3609 tangible or intangible cultural property of Aboriginal persons or communities is
3610 at risk of misuse or misappropriation when collected in the context of research
3611 involving Aboriginal participants or communities. Researchers should include
3612 measures to mitigate such risks of misuse or misappropriation in the research
3613 ethics review proposal.

3614 **Application** Researchers should negotiate with communities mutual understandings of
3615 appropriate respect for cultural property including Indigenous knowledge, how
3616 to proceed with community review of findings, terms of ownership of research
3617 products, and any limits on publication of materials, including how intellectual
3618 property rights to research products will be assigned: whether to community
3619 sources, to researchers, or to both on a shared basis.

3620 REBs should review the measures researchers put in place to recognize and
3621 protect Indigenous or local knowledge in the conduct of the project and the
3622 dissemination of findings.

3623 Cultural property often does not fit the criteria of sole ownership, innovation
3624 and representation in a tangible work that are necessary to claim protection
3625 for intellectual property rights. National laws and international consensus on
3626 these issues are evolving. The definitions of tangible and intangible cultural
3627 property over which Indigenous peoples arguably have rights are broader
3628 than the definitions of intellectual property protected under national law and
3629 international agreements. Intangible cultural property, such as traditional
3630 knowledge of the medicinal properties of plants or traditional clothing design,
3631 that is collectively held is often regarded as “folk knowledge” that is
3632 available in the public domain and that may be adapted through commercial
3633 processes to produce marketable commodities without consent of the
3634 originators.

3635 Researchers should afford the community an opportunity to react and respond
3636 to research findings before the completion of the final report, in the final
3637 report, or even in all relevant publications. (See Article 3.2 in Chapter 3
3638 [“Free and Informed Consent”] on information disclosure.) Collaborative
3639 research reports are regarded as a product of both community and researcher
3640 contributions rather than the sole property of the researcher. Communities
3641 consider that their review and approval of reports and academic publications
3642 is essential to validate findings, protect against misinterpretation, and
3643 maintain respect for Indigenous knowledge, which may entail limitations on
3644 its disclosure. If disagreement arises between researchers and the community,
3645 researchers should afford the group an opportunity to make its views known,
3646 or they should accurately report any disagreement about the interpretation of
3647 the data in their reports or publications.

3648 **Secondary Use of Data**

3649 **Article 9.11** Consistent with the general provisions set out in Chapter 5 (“Privacy and
3650 Confidentiality), secondary use of data collected initially for other purposes,
3651 from which personal identifiers have been removed, does not require research
3652 ethics board (REB) review. Secondary use of data that is identifiable as
3653 originating from a specific community, or a segment of the Aboriginal
3654 community at large, requires REB review and may warrant seeking culturally
3655 informed advice about protection of cultural property or representations of
3656 Indigenous knowledge or society.

3657 **Application** The privacy of individual participants in research is normally protected by
3658 removing information that would identify them personally. Anonymized data
3659 are added to a data pool and are available for analysis and sometimes for
3660 secondary use.

3661 As discussed in Chapter 5 (“Privacy and Confidentiality), access to data
3662 containing identifiable personal information may be needed for some types of
3663 research. For example, longitudinal studies require access to identifiable
3664 information contained in data banks, although consent for additional studies

3665 was not obtained from original informants and it may be impractical to obtain
3666 it subsequently. Such secondary usage requires REB review (see Articles 5.5
3667 to 5.7 in Chapter 5 [“Privacy and Confidentiality”]), and the REB may allow
3668 a waiver of consent under certain conditions (see Article 3.8).

3669 Misrepresentation of Aboriginal peoples, unauthorized use of data, and lack
3670 of reporting to communities on research outcomes have created ongoing
3671 sensitivity about secondary use of data collected for approved purposes. For
3672 example, members of Nuu-chah-nulth communities in British Columbia
3673 provided blood samples for research on rheumatic disease. They vigorously
3674 protested use of the blood components for subsequent genetic research that
3675 pronounced on their ancient origins and challenged traditional knowledge
3676 about their identity. There are additional fears in First Nation communities
3677 that general consent to use health data for purposes other than treatment will
3678 facilitate unauthorized government surveillance.

3679 In light of sensitivity about harms ensuing from identification of
3680 communities, potential misuse of cultural property or misrepresentation of
3681 Indigenous knowledge when interpretation of data is no longer guided by
3682 community representatives, secondary use of data identifiable as originating
3683 from Aboriginal participants or communities should be subject to REB
3684 review. Any constraints imposed on use of the data in the original project
3685 should be noted if such information is available. Consistent with Article 5.6,
3686 the researcher should propose to the REB an appropriate strategy for securing
3687 agreement of the relevant individuals or group, or, if this is impossible or
3688 impracticable, there should be consultation with one or more organizations
3689 that are likely to represent the views and interests of the original participants.

3690 **Benefits of Research**

3691 Community benefit may include relevant knowledge, evidence-based policy and social
3692 interventions, and increased capacity to conduct partnered or autonomous research. In most
3693 research relationships, a primary benefit sought by communities is increased capacity to
3694 conduct autonomous research that can more readily be conducted in Aboriginal languages
3695 and oral modes. Autonomous research would enhance the exploration, articulation and
3696 application of Indigenous knowledge in its own context, with translation to other contexts
3697 following a parallel process. Articles 9.12 and 9.13 specify benefits that may accrue in the
3698 context of partnerships between Aboriginal communities and external researchers. (See
3699 reference to benefit-sharing in Section B of Chapter 1 [“Ethics Framework”].)

3700 **Article 9.12** Communities should have access to data important to their own planning and
3701 development processes, with protections for privacy and confidentiality of
3702 personal data as noted in this chapter.

3703 **Application** Communities participating in research place a high priority on access to
3704 research data that will allow them to address pressing issues through
3705 community-generated policies, programs and services. Divergence between

3706 community priorities and provisions of this policy should be the subject of
3707 negotiation and agreement at initial stages of the research.

3708 **Article 9.13** Researchers should endeavour, where appropriate and possible, to share costs
3709 and benefits of research equitably between researchers, institutions and
3710 Aboriginal communities, including personnel and administrative costs of
3711 collaborating in ethics review and project oversight.

3712 **Application** Aboriginal people also seek to share in the benefits of research activities
3713 themselves in the form of direct research grants, overhead levies on shared
3714 projects, and commercialization of research discoveries. In recent times,
3715 community-based projects have made provisions for sharing grant resources
3716 with community partners. Elders are now being recognized in research
3717 proposals and grant applications as providing access to community networks,
3718 ethical guidance to researchers, and advice in interpreting findings in the
3719 context of traditional knowledge. Advice from the community will be
3720 valuable in determining appropriate compensation for the time of participants
3721 and observance of conventions of gift-giving or feasting that are important to
3722 successful collaboration with communities. Employing Aboriginal research
3723 assistants and translators is already common practice in community-based
3724 projects. Implementing a rational program of training to enhance autonomous
3725 research initiatives is less common.

3726 Direct and indirect costs of collaborative, community-based research are
3727 cited by researchers and Aboriginal agencies as impediments to community
3728 engagement as endorsed in this Policy. Such costs are sometimes offset by
3729 securing in-kind contributions from service-oriented programs engaged with
3730 the same population – for example, counselling and shelter programs serving
3731 urban Aboriginal youth participating in a project. The obligation to reach
3732 agreement on ethical safeguards for participants in such cases extends to third
3733 parties.

3734 Direct funding to community entities conducting research is anticipated in
3735 some current programs, although the requirement for ethics review is still met
3736 through researcher affiliation with institutions adhering to this Policy,
3737 collaborating with the community organizations.

3738 **Human Genetic Research**

3739 Genetic researchers and their sponsors demonstrate a high level of interest in research
3740 among Indigenous populations, especially those that are socially isolated and homogeneous.
3741 Genetic research has potentially important implications for Aboriginal communities.
3742 Particular considerations in ethics review of human genetic research are discussed in
3743 Chapter 13 (“Human Genetic Research”). In such research involving Aboriginal peoples, the
3744 provisions of Chapter 13 should be read in conjunction with the ethical safeguards set out in
3745 the present chapter. Attention is directed specifically to the implications of genetic research
3746 for communities, as specified in Article 13.7.

3747 **Research Involving Indigenous Peoples in Other Countries**

3748 Although the present chapter addresses research involving Aboriginal peoples in Canada,
3749 researchers, REBs, research participants and the research community at large should
3750 consider the principles articulated here in the context of research involving Indigenous
3751 peoples in other countries or in research settings where collective decision-making is the
3752 preferred procedure supporting individual consent for research participation. For
3753 considerations that apply to research conducted in another country, see Sections B and C in
3754 Chapter 8 (“Multi-jurisdictional Research”).

3755 **REB Review**

3756 **Article 9.14** Research ethics boards (REBs) reviewing research involving Aboriginal
3757 participants and communities on a recurring basis should ensure that they have
3758 access to relevant expertise within regular REB membership, through ad hoc
3759 consultation with knowledgeable academic and community advisors, or through
3760 collaboration with community ethics review bodies.

3761 **Application** In accordance with Article 6.5 in Chapter 6 (“Governance of Research Ethics
3762 Review”), an REB should have provisions for membership such that when
3763 context-specific expertise is lacking for the review of particular research
3764 proposals, ad hoc advisors are appointed. In cases where review of research
3765 involving Aboriginal peoples is regularly required, the REB membership should
3766 be modified to ensure cultural expertise within its regular complement.

3767 **Article 9.15** Researchers and research ethics boards should recognize that ethics review by
3768 community bodies will often pursue purposes and apply criteria that differ from
3769 the provisions of this Policy. It is therefore inappropriate to insist on uniformity
3770 between community practices and institutional policies. The objective of
3771 engagement between researchers and community entities should be to find
3772 common ground, anticipate differences, and resolve conflicts that might
3773 interfere with ethical protection of participants and achievement of research
3774 goals.

3775 **Application** The express purpose of most Aboriginal community ethics codes is to ensure
3776 relevance of research undertakings to community needs and priorities and
3777 respect for Aboriginal identities, cultures and knowledge systems. While
3778 community codes and institutional policies may share many goals, the
3779 approaches to achieving those goals may differ significantly.

3780 The membership of community review bodies will not necessarily duplicate the
3781 membership criteria set out in this Policy. In the context of scarce resources in
3782 community organizations, the same personnel may be involved in reviewing the
3783 ethics of a proposal and co-managing the research. An expectation that conflict
3784 of interest will be managed by separating ethics review and project management
3785 functions may impose unsupportable demands on small communities.
3786 Community processes may apply to research beyond the scope of REB

3787 responsibilities. For example, research on the interface between environmental
3788 and human systems that does not involve individual participants does not
3789 require REB review.

3790 Ethics review by community entities will not be a substitute for review by
3791 institutional REBs except where the community is the direct recipient of funding
3792 and has constituted a local REB recognized by the sponsor of the research
3793 initiative. This does not exempt researchers affiliated with an institution and
3794 collaborating with the community from seeking REB approval at their
3795 institution.

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Chapter 10

3818

3819

QUALITATIVE RESEARCH

3820 Researchers in social sciences and humanities, such as sociology, psychology, criminology,
3821 business administration, political science, communications, education and history, have a
3822 common belief in the desirability of trying to understand human action through systematic
3823 study and analysis. Some researchers use quantitative research approaches, others opt for
3824 qualitative research methods, and some use a combination of both.

3825 Qualitative research has a long history in many well-established disciplines in the social
3826 sciences and humanities, as well as many areas in the health sciences (e.g., nursing).
3827 Research developments point to an increasing prevalence of qualitative approaches, whether
3828 in health research or in social sciences and humanities disciplines. Within specific
3829 disciplines, ethics guidelines have also been created to address the issues inherent in the use
3830 of particular methods, technologies, settings, etc. Qualitative research approaches are
3831 inherently dynamic and are grounded in different assumptions than those that shape the
3832 biomedical model of research. Many of the research practices and methodological
3833 requirements that characterize qualitative research approaches parallel those that
3834 characterize quantitative approaches – concerns regarding research quality (e.g.,
3835 dependability and trustworthiness of data), for example – but, as is the case with ethics
3836 principles, the criteria are adapted to the particular subject matter, context and
3837 epistemological assumptions (i.e., related to the nature and production of knowledge in a
3838 specific area of research) of the specific project.

3839 This chapter seeks to provide some guidance on qualitative research and its implications for
3840 the ethics review process. In particular, it addresses issues of consent, privacy and
3841 confidentiality that are particular to qualitative research. Some procedural issues related to
3842 the dynamics and characteristics of qualitative research that affect the timing and scope of
3843 the research ethics review process are detailed below. Researchers and research ethics
3844 boards (REBs) should also consult other relevant chapters of the Policy for additional details
3845 on principles, norms and practices applicable to qualitative research.

3846 **A. The Nature of Qualitative Research**

3847 Qualitative approaches reflect a human-centred approach that highlights the importance of
3848 understanding how people think about the world and how they act and behave in it. This
3849 approach requires researchers to understand how individuals interpret and ascribe meaning
3850 to what they say and do, and to other aspects of the world (including other people) they
3851 encounter.

3852 Some qualitative studies extend beyond individuals' personal experiences to explore
3853 interactions and processes within organizations or other environments. Knowledge at both
3854 an individual and cultural level is treated as socially constructed. This implies that all
3855 knowledge is at least to some degree interpretive and hence dependent on social context. It
3856 is also shaped by the personal standpoint (and possibly also the values) of the researcher as
3857 an observer.

3858 The section below provides a summary of general principles and methodological
3859 requirements and practices of qualitative research.

3860 **General Principles and Methodological Requirements and Practices**

3861 (a) **Inductive Understanding:** Many forms of qualitative research entail gaining an
3862 inductive understanding of the world of research participants to acquire an analytical
3863 understanding of how they view their actions and the world around them. In some
3864 projects, this approach also applies to the study of particular social settings,
3865 processes and experiences.

3866 To the extent that the methods involve direct interaction with participants, there is
3867 often an emphasis on gaining insights into participants' perceptions of themselves
3868 and others, and of the meanings that research participants attach to their thoughts and
3869 behaviours.

3870 (b) **Diversity of Approaches:** There is no single approach in qualitative research. Each
3871 field or discipline, and even individual scholars within a discipline, have different
3872 perspectives on and approaches to the use of qualitative methods. Qualitative
3873 research uses a variety of epistemological approaches, methodologies and techniques
3874 that allow researchers to enter the research participants' world or to engage with
3875 particular social environments. Methodological approaches include, but are not
3876 limited to, ethnography, participatory action research, oral history, phenomenology,
3877 narrative inquiry, grounded theory and discourse analysis. The term "qualitative
3878 research" covers a wide range of overlapping paradigms or perspectives.

3879 (c) **Dynamic, Reflective and Continuous Research Process:** The emergence in the
3880 course of the research itself of questions, concepts, strategies, theories and ways to
3881 gather and engage with the data requires a constant reflective approach and
3882 questioning from the researcher. Such flexibility, reflexivity and responsiveness
3883 contribute to the overall strength and rigour of data analysis.

3884 (d) **Diverse, Multiple and Often Evolving Contexts:** Qualitative research takes place in
3885 a variety of contexts, each of which present unique ethical issues. As knowledge is
3886 considered to be context-contingent in qualitative research, these studies tend to focus
3887 on particular individuals, sites or concepts that are empirically derived from other social
3888 settings – and the researcher's priority is to understand *that* social setting involving
3889 *those* people at *this* time.

3890 Researchers sometimes engage in research that questions social structures and activities
3891 that create or result in inequality and injustice. They may involve research participants
3892 who are highly vulnerable because of the social and/or legal stigmatization that is
3893 associated with their activity or identity and who may have little trust in the law, social
3894 agencies, or university authorities, or they may involve research participants, such as
3895 business executives or government officials, who may be more powerful than the
3896 researchers.

3897 (e) **Data Collection and Sample Size:** There is generally a greater emphasis placed on
3898 depth of research than on breadth. Most qualitative researchers would emphasize
3899 gathering diverse but overlapping data on a limited number of cases or situations to
3900 the point of data saturation or thematic redundancy. Samples and research sites in
3901 these studies are chosen because they are viewed as strategically useful or rich
3902 sources of information for furthering one’s understanding of phenomena of interest,
3903 not because they are necessarily statistically significant.

3904 A researcher may rely on multiple sources of information and data-gathering
3905 strategies (e.g., triangulation) as one mechanism for enhancing data quality.
3906 Researchers use a variety of methods for data gathering, including interviews,
3907 participant observation, focus groups and other human-focused techniques.
3908 Gathering of trustworthy data comes best from closeness and extended contact with
3909 research participants. Textual qualitative studies also use a variety of content
3910 analysis techniques, whether with published books, websites, interview transcripts,
3911 images or other textual forms.

3912 Appropriate treatments of data after they are gathered may vary greatly. For some
3913 research, protection of research participants requires confidentiality, anonymity, and
3914 the destruction of data after they are used. In other cases, the data may provide a
3915 valuable historical record that must be preserved or they may make a valuable
3916 contribution by publicly attesting to the role played by particular individuals. (See
3917 Chapter 2 [“Scope and Approach”] and Chapter 5 [“Privacy and Confidentiality”].)

3918 (f) **Research Goals and Objectives:** The aims of qualitative research are very diverse,
3919 both within and across disciplines. The intended goals of qualitative projects may
3920 include “giving voice” to a particular population, engaging in research that is critical
3921 of settings and systems or the power of those being studied, affecting change in a
3922 particular social environment, or exploring previously understudied phenomena to
3923 develop new theoretical approaches to research.

3924 (g) **Dynamic, Negotiated and Often Ongoing Free and Informed Consent Process:**
3925 Entry into a particular setting for research purposes sometimes requires negotiation
3926 with the population of interest; the process sometimes cannot be ascertained in
3927 advance of the research, in part because the relevant contexts within which the
3928 research occurs evolve over time.

3929 In some cases, research participants hold equal or greater power in the researcher–
3930 participant relationship – for example, in community-based and/or organizational
3931 research when a collaborative process is used to define and design the research
3932 project and questions, or where participants are public figures or hold other positions
3933 of power (for example, research involving economic, social, political or cultural
3934 elites). In other cases, researchers themselves may hold greater power when access to
3935 prospective participant populations is gained through gatekeepers with whom the
3936 researcher has established a relationship (e.g., when a researcher engages with the
3937 police to do research in relation to a problem population, or when researchers engage
3938 with prison authorities to do research with offenders).

3939 (h) **Research Partnerships:** Access to particular settings and populations is often
3940 developed over time, and the relationships that are formed may well exist outside the
3941 research setting per se, which sometimes makes it difficult to determine exactly
3942 where the “research” relationship begins and ends. In many cases, despite in-depth,
3943 advanced preparation, a researcher may not know until the actual data collecting
3944 starts just where the search will lead. Indeed, the emergent nature of many qualitative
3945 studies makes the achievement of rapport with participants and feelings of
3946 interpersonal trust crucial to the generation of questions considered important or
3947 interesting by both parties and of dependable data. Research often becomes a
3948 collaborative process negotiated between the research participant(s) and the
3949 researcher, requiring considerable time spent initially simply figuring out the focus
3950 of the research.

3951 In many cases, contacts between researchers and participants can extend over a
3952 lifetime, and these individuals may engage in a variety of relationships over and
3953 above their specific “research” relationship.

3954 (i) **Research Results:** Transferability of results from one setting to another is
3955 considered, but is often viewed as more of a theoretical issue than a procedural or
3956 sampling issue.

3957 **B. Research Ethics Review in the Context of Issues** 3958 **Distinctive to Qualitative Research**

3959 This section seeks to provide guidance on particular implications of the use of qualitative
3960 approaches for the ethics review process. This section should also be read in conjunction with
3961 other chapters of this Policy.

3962 Qualitative research can pose unique ethical issues around gaining access, building rapport,
3963 using data and publishing results. Researchers and REBs should consider issues of consent,
3964 confidentiality and privacy, and relationships between researchers and participants in the
3965 design, review and conduct of the research. Some of these may be identified in the design
3966 phase, but others will arise during the research itself, which will require the exercise of
3967 discretion, sound judgment and flexibility in the context of a proportionate approach to the
3968 level of risk and benefit arising from the research, the well-being of the individual, and welfare

3969 defined in a broad sense.

3970 **Modalities of Expression of Free and Informed Consent**

3971 **Article 10.1** Research ethics boards should consider the range of strategies for
3972 documenting the consent process that may be used by researchers using
3973 qualitative research approaches. Researchers should explain in their research
3974 design the consent procedures and strategies they plan to use.

3975 **Application** The consent process should usually reflect trust between the research
3976 participants and the researcher. Often this is based on mutual understanding
3977 of the project's intentions. The research participant may sense attempts to
3978 legalize or formalize the process as a violation of that trust. Under a variety
3979 of circumstances, written consent is not required in qualitative research.
3980 Qualitative researchers use a range of consent procedures, including oral
3981 consent, field notes, and other strategies such as recording (audio or video, or
3982 other electronic means) for documenting the consent process. Evidence of
3983 consent may also be via completed survey questionnaires (in person, by mail
3984 or by email or other electronic means).

3985 REBs may need to consider the power relationship that might exist between
3986 researchers and research participants. In cases where the research participant
3987 holds a position of power or routinely engages in communicative interactions
3988 similar to those involved in the research by virtue of his or her position or
3989 profession, informed consent can be inferred by the participant's agreeing to
3990 interact with the researcher for the purpose of the research. No further
3991 verification of consent is needed. For example, "elite" research focuses on
3992 power structures and persons in positions of power (for example, a senior
3993 partner in a law firm, a cabinet minister, or a senior corporate officer). In this
3994 type of research, the fact that a potential participant agrees to be interviewed
3995 by a researcher may be sufficient to signify consent to participate in the
3996 research.

3997 Researchers and REBs should consult Chapter 3 ("Free and Informed
3998 Consent") for additional details and considerations.

3999 **Observational Studies**

4000 *Exemption from REB Review*

4001 **Article 10.2** Research ethics board review is not required for observation of people in
4002 public places that does not involve collecting personal identifiable
4003 information through direct interaction with the individuals, and that does not
4004 involve any intervention staged by the researcher. Such research does not
4005 involve human participants as defined by this Policy.

4006 **Application** Research involving observation of people in public spaces where there is no
4007 presumption of privacy and where no personal identifiable information is
4008 being collected directly from the individuals – for example, political rallies,
4009 demonstrations, or other public events or settings (e.g., a free concert in a
4010 public park, a shopping mall) – does not require REB review, since it can be
4011 expected that participants are aware of the public nature of the event or
4012 gathering. Where individuals should reasonably expect that their identities
4013 will be evident – for instance, as a result of their celebrity – research that
4014 refers to their presence does not require REB review. (See also Article 2.5 in
4015 Chapter 2 [“Scope and Approach”] and Chapter 5 [“Privacy and
4016 Confidentiality”].)

4017 **Article 10.3** Web-based research that uses exclusively publicly available information for
4018 which there is no presumption of privacy does not require REB review. Such
4019 research does not involve human participants as defined by this Policy.

4020 **Application** Research that is non-intrusive, does not require direct interaction between the
4021 researcher and individuals through the Internet medium, and that draws its
4022 data primarily from postings on websites is not required to obtain REB
4023 review. Cyber-material such as documents, records, performances, on-line
4024 archival materials or published third-parties interviews to which the public is
4025 given access on the Internet or that clearly seeks public visibility might be
4026 considered as publicly available information (see Chapter 2 [“Scope and
4027 Approach”]). Researchers may need to consider other factors when using this
4028 information, such as copyright, dissemination restrictions, privacy and
4029 intellectual rights. These, however, fall outside of the scope of the REB
4030 review.

4031 *Proportionate Approach to Review of Observational Studies*

4032 **Article 10.4** When considering research involving observation, including web-based research
4033 where personal identifiable information is being collected or where individuals
4034 have a presumption of privacy, research ethics boards should apply a
4035 proportionate approach to ethics review.

4036 **Application** In qualitative research, observation is used to study behaviour in a natural
4037 environment. It often takes place in living, natural and complex communities
4038 or settings; in physical environments; or in virtual settings such as the
4039 Internet. Observational studies may be undertaken in public spaces or in
4040 virtual settings where individuals might have some limited expectation of
4041 privacy or in private or controlled spaces where individuals have an
4042 expectation of privacy. The spectrum of settings where observational
4043 research typically requiring review may occur include, for example,
4044 classrooms, hospital emergency wards, private Internet chat rooms, or within
4045 members-only communities or organizations.

4046 Observational research is of two kinds: “non-participant” (i.e., where the
4047 researcher observes, but is not a participant in, the action) and “participant”
4048 (i.e., where the researcher engages in, and observes, the action).

4049 Participant observation often is identified with ethnographic research, in
4050 which the researcher’s role is to gain a “holistic” overview of the studied
4051 context through engagement in and observation of the setting to describe its
4052 social environments, processes and relationships. Participant observation may
4053 or may not require permission to observe and participate in activities of the
4054 setting studied. In some situations, researchers will identify themselves and
4055 seek free and informed consent from individuals in that setting; in others,
4056 researchers will engage in covert participant observation. Where specific
4057 disciplines and methodological approaches provide guidelines relating to the
4058 ethics issues involved in these types of research, researchers and REBs
4059 should consider the similarity, divergence or overlap of such codes or
4060 guidelines with this Policy and seek mutual understanding and clarification to
4061 address the ethical issues that may arise in a particular project.

4062 Observational studies raise concerns of the privacy of those being observed.
4063 REBs and researchers need to consider the ethical implications associated with
4064 observational approaches, such as the possible infringement of free and
4065 informed consent or privacy, as well as the disciplinary and methodological
4066 norms of the proposed research project. They should pay close attention to the
4067 ethical implications of such factors as the nature of the activities to be observed,
4068 the environment in which the activities are to be observed, whether the activities
4069 are staged for the purpose of the research, the expectations of privacy that
4070 potential participants might have, the means of recording the observations,
4071 whether the research records or published reports involve identification of the
4072 participants, and any means by which those participants may give permission to
4073 be identified.

4074 Because knowledge that one is being observed can be expected to influence
4075 behaviour, research involving non-participant or covert observation generally
4076 requires that the participants not know that they are being observed (typically
4077 there is not direct interaction with the individuals being observed), and
4078 therefore they cannot give their free and informed consent. Some forms of
4079 qualitative research seek to observe and study criminal behaviours, violent
4080 groups, or groups with restricted membership or access. For example, some
4081 social science research that critically probes the inner workings of criminal
4082 organizations might never be conducted if the participants know in advance
4083 that they are being observed. Similarly, observing queuing behaviours in
4084 shopping malls is one example of a study that may be deemed minimal risk,
4085 where the research could not be completed if shoppers knew that they were
4086 being observed. Researchers should justify whether the needs for such covert
4087 research justify an exception to the general principle of free and informed
4088 consent, and REBs should exercise their judgment in this type of situation.

4089 Such research should also be carried out according to professional and
4090 disciplinary standards.

4091 Researchers should demonstrate to the REB that necessary precautions and
4092 measures have been taken to address privacy and confidentiality issues in the case
4093 of observational studies, commensurate with the level of risk and the research
4094 context. Researchers and REBs should also be aware that, in some jurisdictions,
4095 publication of identifying information – for example, a photograph taken in a
4096 public place, but focused on a private individual who was not expecting this action
4097 – may be interpreted in a civil suit as an invasion of privacy.

4098 REBs should focus on projects above the threshold of minimal risk, or they should
4099 modulate requirements and protection proportionate to the magnitude and
4100 probability of harms, including the likelihood that published reports may identify
4101 individuals or groups. Observational research that does not allow for the
4102 identification of the participants and that is not staged and is non-intrusive should
4103 normally be regarded as of minimal risk.

4104 Researchers should be aware that web-based research may pose concerns
4105 outside the scope of the research ethics review process. Such concerns may
4106 arise, for example, when the web-based setting involves minors or other
4107 populations that may become vulnerable because of the lack of surveillance
4108 in this electronic setting. Such issues, which are not related to the ethics of
4109 the research proposal itself, are not covered by this Policy.

4110 Researchers and REBs should consult Chapter 3 (“Free and Informed
4111 Consent”) and Chapter 5 (“Privacy and Confidentiality”) for additional
4112 details and considerations.

4113 *Privacy and Confidentiality in the Dissemination of Research Results*

4114 **Article 10.5** Subject to the research context and the scholarly traditions used in the
4115 research proposal, research ethics board review should acknowledge that
4116 individuals may want to be identified for their contribution.

4117 **Application** In much social science and some humanities research, the biggest possible
4118 risk for researchers and REBs to manage is the harm that can result from
4119 violations of research confidentiality. This can pose a particular challenge in
4120 qualitative research because of the depth, detail, sensitivity and uniqueness of
4121 information obtained. The default approach is to guarantee confidentiality of
4122 the research data. In some cases, anonymity of the research participant may
4123 be used in publications or dissemination of research results to ensure
4124 confidentiality of data.

4125 In some types of qualitative research, respect for the participant’s
4126 contribution is shown by identifying the individual in research publications or

4127 other means of dissemination of the results from the research. If failing to
4128 identify participants would be unethical because of the disrespect it would
4129 involve, or if informed participants assert their desire to be named, then
4130 researchers should do so, according to the normal principles and practices of
4131 their discipline. Where confidentiality is preferred or where there is no
4132 compelling reason to the contrary, confidentiality would be maintained in a
4133 manner commensurate with the needs of the research participants and the
4134 project.

4135 Reviewers need to be sensitive to which principle is operative in any given
4136 research context, and which disciplinary traditions are being invoked.

4137 Researchers and REBs should consult Chapter 5 (“Privacy and
4138 Confidentiality”) for additional details and considerations.

4139 **Timing of the REB Review**

4140 **Article 10.6** Research ethics board (REB) review is not required for the initial exploratory
4141 phase when the researcher is developing the research design. Research ethics
4142 review is required once the terms of the research are established. The researcher
4143 must receive REB approval prior to the start of the formal data collection in the
4144 field.

4145 **Application** It is sometimes difficult to ascertain the beginning and end of a qualitative
4146 research project. Access to particular settings and populations often develops
4147 over time, and it is not unusual for researchers to be passive observers or simply
4148 passively interested in a setting for some time before any formal effort is made
4149 to establish a “research” relationship. Preliminary activities may include note
4150 taking, scribbling, diary writing, and observation made long before the
4151 researcher has any inkling that these would turn into formal research projects.
4152 These types of preliminary activities are not subject to REB review.

4153 Researchers need to have the opportunity to engage in preliminary visits and
4154 dialogue to explore possible research relationships and define research
4155 collaborations with particular settings or communities, including the
4156 determination of research questions, methods, targeted sample and sample size,
4157 and inclusion of community-based concerns into the project design and data
4158 collections. REBs should be aware that dialogue between researchers and
4159 communities at the outset and prior to formal REB review is an integral
4160 component of the research design. Researchers may need to consult informally
4161 the REB when ethics issues arise prior to the data collection or inform the REB
4162 of such issues over the course of the research.

4163 Qualitative research approaches involving a community, group or population of
4164 interest (e.g., marginalized or privileged groups) follows a process of prior
4165 dialogue, exchanges and negotiation of the research, which precedes the formal

4166 data collection involving human participants. For instance, in research in
4167 Aboriginal communities or with Aboriginal populations (see Chapter 9
4168 [“Research Involving Aboriginal Peoples”]) or other types of community-based
4169 collaborative research, it may be desirable to obtain permission to proceed from
4170 community leaders, elders or representatives before seeking individual consent.
4171 A researcher might use a community gathering to inform the group about the
4172 research and gain agreement from the group to proceed with the actual research
4173 before seeking to obtain individual consent as a second step of the research
4174 implementation.

4175 Although initial research questions may be outlined in the formalized research plan,
4176 REBs should be aware that it is quite common for specific questions (as well as
4177 shifts or discovering of data sources) to emerge only during the research project.
4178 Due to the inductive nature of qualitative research and the emergent design
4179 approach of the research, some of these elements may evolve as the project
4180 progresses. Some resulting changes to the research design will not merit requiring
4181 additional REB review, as they are not necessarily significant changes to the
4182 approved research. Research ethics issues may also arise over the course of the
4183 research, and it might be sufficient for the researcher to inform the REB about such
4184 issues. (See Chapter 2 [“Scope and Approach”] and Article 6.16 in Chapter 6
4185 [“Governance of Research Ethics Review”].)

4186 **Article 10.7** When researchers are using emergent designs in data collection, research ethics
4187 boards should review and approve the general procedure in accordance with
4188 appropriate professional and disciplinary standards.

4189 **Application** In qualitative research involving data collection with emergent designs (e.g.,
4190 unstructured interviews or focus groups), specific questions or other elements of
4191 data collection cannot be known or articulated fully in advance of the project’s
4192 implementation. In these cases, REBs may ask to review a draft set of sample
4193 questions or other outlines of the procedures to be followed in data collection.
4194 REBs should not require researchers to provide them with a full questionnaire
4195 schedule in advance of data collection. Rather, REBs should ensure that the data
4196 collection is conducted according to disciplinary and professional standards.

4197 **References**

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Chapter 11

4212

4213

CLINICAL TRIALS

4214 **A. Overview**

4215 A clinical trial is “an investigation in respect of a drug for use in humans that involves human
4216 subjects and that is intended to discover or verify the clinical, pharmacological or
4217 pharmacodynamic effects of the drug, identify any adverse events in respect of the drug, study
4218 the absorption, distribution, metabolism and excretion of the drug, or ascertain the safety or
4219 efficacy of the drug.”¹

4220 Clinical trials are most frequently undertaken in biomedical or health research, although other
4221 clinically related disciplines, such as psychology, also conduct research that evaluates
4222 interventions, usually by comparing two or more approaches.

4223 Clinical trials may include questions that are not directly related to therapeutic goals – for
4224 example, cost effectiveness or drug metabolism – in addition to those that directly evaluate the
4225 treatment of study participants. They may take the form of “n of 1” studies or multi-centre
4226 randomized controlled trials. Although the various types and forms of clinical trials naturally
4227 have methodological differences, the ethical principles and procedures articulated in this Policy
4228 can be adapted for each of them.

4229 Clinical trials most commonly involve testing new drugs or testing established drugs for new
4230 uses. For this reason, and for convenience, references in this chapter are made primarily to drug
4231 testing. However, clinical trials also involve medical devices, biologics, radiopharmaceuticals,
4232 genetic therapies and natural health products, as well as behavioural and psychological
4233 therapies. The guidance provided in this chapter applies also, as appropriate, to trials involving
4234 these other therapies or interventions.

4235 Researchers undertaking clinical trials intended for use in seeking regulatory marketing
4236 approval must comply with Health Canada regulations² and should also respect the ICH Good
4237 Clinical Practice Guidelines,³ which have been adopted by Health Canada, and other applicable
4238 policy or guidance documents.

4239 The accelerating pace of new pharmaceutical drug and device development in Canada, as
4240 well as increasing clinical trial activity in non-traditional research venues, including
4241 physicians’ offices and contract research organizations, brings the need for heightened
4242 vigilance in the clinical trial review process. Research ethics boards (REBs) must carefully
4243 monitor all aspects of clinical trials, including free and informed consent, confidentiality,
4244 safety and recruitment.

4245 With respect to the recruitment of participants for clinical trials, it is often not possible to
4246 recruit, within a reasonable time, sufficient numbers of eligible participants from a single
4247 clinical site. It may also be desirable to draw participants from a variety of geographically
4248 diverse places to avoid bias. So, it is common that clinical trials are carried on at a number of
4249 different sites and that data collected from all of the sites are pooled for analysis. Ethical issues
4250 relating to such multi-centre clinical trials are discussed in Chapter 8 (“Multi-jurisdictional
4251 Research”).

4252 **B. Phases of Clinical Trials**

4253 Clinical trials are commonly categorized into four phases, each of which gives rise to particular
4254 ethical issues.⁴

4255 **Article 11.1** When reviewing a clinical trial protocol, the research ethics board should be
4256 aware of its phase and the special ethical issues that different phases of
4257 research may raise.

4258 **Application**

4259 Phase I In Phase I clinical trials, researchers test a new drug or treatment in a small
4260 group of people, often for the first time, to evaluate its toxicity and other side
4261 effects, and to determine a safe dosing range.

4262 **Ethical Concerns:** Safety concerns are particularly acute in Phase I research,
4263 because it may be the first time human participants are exposed to the new drug
4264 (“first-in-human” trials), and there may be little or no experience with the drug.
4265 Phase I trials often depend on healthy participants who are compensated for their
4266 participation, though this is not usually the case in, for example, cancer trials. The
4267 combination of clinical risk with uncertain or no likelihood of clinical benefit, and
4268 the often substantial compensation made to participants, raises ethical concerns
4269 about safety, the selection and recruitment of participants, and the process of free
4270 and informed consent. For safety, it is important to ensure that the drug is initially
4271 given to a small number of participants and that dosing is increased in clearly
4272 defined increments only after participants’ responses to the initial dose is known.
4273 Recruitment and consent procedures should ensure that participants are aware of
4274 the untested nature of the therapy and that participants do not accept, because of
4275 the compensation being paid, risks they would otherwise refuse.

4276 Phase I clinical trials now increasingly include participants with specific
4277 diseases for whom conventional therapies have failed. Such studies may be
4278 designated as Phase I clinical trials, but the boundaries between trial phases are
4279 not always clear. Such studies may be designated as combined Phase I/II or pure
4280 Phase II clinical trials (see below).

4281 Phase II Phase II clinical trials primarily examine the efficacy of new drugs and their
4282 short-term side effects. They are conducted in populations with the disease or
4283 condition sought to be treated by the drug.

4284 **Ethical Concerns:** Combined Phase I/II clinical trials raise particular ethical
4285 concerns, because they are often conducted with populations whose therapeutic
4286 options have been exhausted. Patients with cancer that is incurable by standard
4287 therapies and HIV/AIDS are examples. These circumstances may affect the
4288 perceptions of patients and their families as to the balance between the harms
4289 and benefits of the study and thus may affect their decision whether to
4290 participate. Researchers should be encouraged to consult with the REB at an
4291 early stage about any recruiting, consent or safety issues that arise.

4292 Phase II and III clinical trials, unlike combined Phase I/II clinical trials, often
4293 include a placebo control to help detect and quantify the toxicity and efficacy
4294 of an experimental drug or device. In such studies, and in addition to the
4295 other ethical concerns raised for Phase II clinical trials, the use of placebos
4296 (discussed in Section G [“Placebo-Controlled Studies”]) makes it particularly
4297 important for researchers to assess and monitor the safety of participants and
4298 ensure that the quality of their treatment is not compromised by participation
4299 in the study.

4300 Phase III The drug or treatment is given to a large group of patients to confirm its
4301 efficacy, monitor side effects, compare it with commonly used treatments,
4302 and collect information that will allow the drug or treatment to be used
4303 safely. These studies may lead to a new drug’s being marketed in Canada or
4304 to the use of an approved drug for a new indication.

4305 **Ethical Concerns:** The REB must carefully examine Phase III clinical trials
4306 to ensure that the care of patient-participants is not compromised in the
4307 random assignment to any arm of the study (including the placebo arm), that
4308 there are no conflicts of interest in the selection and recruitment of
4309 participants (see Article 7.4 in Chapter 7 [“Conflict of Interest”]), that
4310 payments by sponsors to researchers are reasonable, and that no financial
4311 incentives in the nature of finder’s fees are made or offered for the
4312 recruitment of participants. The REB should also address the issue of
4313 continuing access to the experimental therapy after the trial. If the treatment
4314 proves to be effective and reasonably safe for participants, will it continue to
4315 be provided? If not, what provision will be made to ensure that participants
4316 continue to receive adequate treatment? The REB should be aware that
4317 numerous safety standards (for example, mechanical and electrical) apply to
4318 medical devices, and the REB should be assured that these standards will be
4319 met.

4320 Phase IV Phase IV clinical trials, also known as post-regulatory approval studies,
4321 primarily examine the long-term effectiveness and toxicity of already-marketed
4322 drugs. They may also be designed to look at the use of the treatment or
4323 intervention in different populations, or to look at quality-of-life issues.

4324 **Ethical Concerns:** Phase IV studies can be extremely valuable for assessing
4325 the long-term safety and effectiveness of marketed drugs and devices.

4326 Earlier-stage studies are of limited duration, and subsequent research can
4327 identify toxicities and drug interactions that only emerge over time. However,
4328 in some cases, Phase IV trials may be designed to serve primarily as
4329 marketing initiatives – to encourage the prescription and continued use of an
4330 approved drug. For example, a physician may be paid a per capita fee by a
4331 sponsor to collect data on the side effects and acceptance by patients of a
4332 drug being marketed by that sponsor. However, the financial terms associated
4333 with these trials may compromise physicians’ professional integrity by
4334 skewing prescription practices and encouraging finders’ fees, as well as
4335 encouraging improper billing practices, inappropriate utilization of public
4336 resources, and other problems. Researchers and REBs must examine Phase
4337 IV clinical trials in light of these potential conflicts to ensure that trials are
4338 undertaken for a bona fide scientific purpose, that free and informed consent
4339 is given, that physician-researchers have the requisite expertise or experience,
4340 and that potential conflicts of interest are adequately addressed.

4341 **C. Assessing Safety and Minimizing Risk**

4342 Participants enrolled in clinical trials are commonly exposed to experimental medications or
4343 devices, each of which carries specific risks. Indeed, the most severe research-related harms
4344 often arise in clinical trial research.

4345 **Article 11.2** Research ethics boards should ensure that drugs and other therapies used in
4346 clinical trials do not pose undue risk to human participants.

4347 **Application** The approach of proportionate review (Chapter 2 [“Scope and Approach”])
4348 dictates that studies with greater risks should be subject to proportionately
4349 greater scrutiny. In all clinical trial research, the REB should carefully
4350 evaluate previous laboratory, animal and human research with the drug or
4351 other therapy, or have an expert evaluation undertaken on its behalf, to ensure
4352 that the risk of harm from its use (a) is justified by the potential benefits to be
4353 gained, and (b) is appropriately minimized.

4354 Where appropriate, based on reports of safety issues arising in the study, an
4355 REB may discontinue the study at its institution, require the disclosure of
4356 relevant safety information to existing and future participants (see Section D
4357 [“Sharing New Information”], below), or take other steps reasonably
4358 necessary to promote the safety of participants.

4359 **Monitoring Safety and Reporting Adverse Events**

4360 The ICH-GCP defines an adverse event as “any unfavourable and unintended sign, symptom
4361 or disease temporally associated with the use of a medicinal product, whether or not
4362 considered related to the product.” For research carried on at a single site, the principal
4363 investigator is obliged to report any safety problems and serious adverse events to the local
4364 REB, the sponsor, and regulatory authorities. Where clinical trials are carried on at multiple
4365 sites, Health Canada and ICH-GCP require that unexpected serious adverse events suffered

4366 by participants at any site be reported to the regulatory body, the researchers and REBs at all
4367 institutions taking part in the research.

4368 In practice, these reports have proved challenging for many REBs, because the reports often
4369 lack context, informed analysis or explanation of their significance to the safety of
4370 participants. In addition, in many clinical trials, researchers at individual sites do not have
4371 access to detailed safety data, such as the rates of similar events at other sites or the
4372 background epidemiology necessary to determine whether an adverse event is truly
4373 unexpected. It is important, then, that mechanisms be put in place to ensure the safety of
4374 trials. In some cases, a researcher's plan for reporting safety data to the REB and acting on it
4375 may serve this purpose. A Data and Safety Monitoring Board (DSMB) is another such
4376 mechanism.

4377 DSMBs are multi-disciplinary expert panels organized to monitor clinical trials, particularly
4378 large, late-stage multi-centre trials involving randomized designs. They are composed of
4379 scientists with expertise in the clinical area, statisticians, pharmacists and individuals with
4380 expertise in ethics. Although the DSMB reports its findings and recommendations to the
4381 sponsor, it should act independently of the sponsor. The DSMB has intermittent access to
4382 the accumulated unblinded trial data, and it also audits unblinded safety reports from all sites
4383 taking part in the trial. Based on that information, and in accordance with its trial-specific
4384 stopping rules, the DSMB can recommend that the study be stopped early for reasons of
4385 safety, efficacy or futility. The DSMB can also recommend that sponsors change the
4386 procedures, methods or consent form information to ensure the safety of participants and the
4387 validity and reliability of the data being collected.

4388 **Article 11.3** Researchers should provide the research ethics board (REB) with an
4389 acceptable plan to monitor the safety of trial participants, including a plan for
4390 the tabulation, analysis and reporting of safety data to the REB.⁵

4391 **Application** REBs must ensure that every clinical trial protocol includes a plan to assess
4392 safety concerns and protect the ongoing safety of research participants. Such
4393 a plan should include the requirement that REBs be provided, by researchers,
4394 sponsors and/or DSMBs, with clear and up-to-date information about the
4395 safety of participants taking part in clinical trials. Such reports should be
4396 provided in a timely way and include information about the context and
4397 significance of reported data to permit a fair interpretation and meaningful
4398 review by the REB for the protection of trial participants. Where possible,
4399 REBs should be provided with individual adverse event reports, accompanied
4400 by an evaluation, by the sponsor, of their relevance and significance to the
4401 trial.

4402 A safety monitoring plan should include a mechanism by which participants
4403 may be withdrawn for safety reasons and by which studies may be stopped or
4404 amended if they are found to be unsafe, or for reasons of futility or efficacy.
4405 For some trials, the researcher may be expected to perform this monitoring
4406 function. Depending on the circumstances of the trial, safety reports may be
4407 submitted on an annual or semi-annual basis, supplemented by notices of

4408 serious safety threats to participants requiring urgent consideration. All
4409 information supplied to the REB should include an analysis of its significance
4410 and sufficient context to permit meaningful determinations to be made by the
4411 REB.

4412 **Article 11.4** Research ethics boards should develop procedures to review safety reports
4413 and to take appropriate steps in response.

4414 **Application** For more complex trials, an institutional or external DSMB may be appointed
4415 to provide a more comprehensive mechanism for monitoring the safety of
4416 multi-centre clinical trials. The REB should be satisfied that it will receive
4417 copies of all DSMB reports and recommendations. A DSMB must be
4418 independent of the trial and its members free of conflicts of interest with the
4419 study therapy, the trial sponsor, and the outcome of the research. Where a
4420 DSMB has been appointed to oversee a clinical trial, it will be mostly
4421 responsible for reviewing safety data and making appropriate
4422 recommendations about informing participants of safety concerns or stopping
4423 the trial for safety, futility or efficacy. Even when there is a DSMB, the
4424 researcher still has a responsibility to provide reports directly to the REB of
4425 serious adverse events at his or her site, upon which the REB may be obliged
4426 to act urgently.

4427 **Balancing Risks**

4428 As part of their ongoing medical care, patients with serious medical conditions are often
4429 treated with therapies or undergo interventions or procedures having significant risks. These
4430 patients may be invited to participate in clinical trials.

4431 **Article 11.5** In clinical trials, with appropriate scientific and clinical justification, it may
4432 be acceptable to allow research involving higher risk interventions with
4433 patient-participants in which such heightened risk is primarily attributable to
4434 the therapy and not to the research, or which is consistent with the risk
4435 normally undertaken by participants in their usual clinical care.

4436 **Application** Some kinds of standard or recognized treatments (for example, surgery,
4437 chemotherapy or radiation therapy) themselves pose substantial risks. An
4438 REB may approve a study that involves such high-risk therapies if there are
4439 no other reasonable alternative therapies available to patient-participants and
4440 if the research-attributable risk is no greater, or only minimally greater, than
4441 that to which participants would routinely be exposed. Such risks may be
4442 regarded as within the range of minimal risk for these patient-participants,
4443 since they are inherent in the treatment that patients undergo as a part of their
4444 everyday life. Eligible participants for such studies are those:

- 4445 • who are routinely exposed to similarly high-risk treatments in the course
4446 of their usual care and for whom there is a favourable balance of risk to
4447 potential benefits;

4448 • for whom there are no other reasonable treatment options available and
4449 for whom there is a favourable balance of risk to potential benefits; or

4450 • for whom the incremental risk of research interventions (the research-
4451 attributable risk) is minimal.

4452 Informed consent to such studies must include a description of the risks
4453 involved as well as a description of any available alternative treatments –
4454 including no treatment. REBs should also seek to ensure that participants are
4455 aware of the risks and benefits attributable to research, as distinct from those
4456 arising from indicated therapy. (See Article 2.7 in Chapter 2 [“Scope and
4457 Approach”], dealing with comparative risk.)

4458 **D. Sharing New Information**

4459 In the course of a clinical trial, new information may arise that is relevant to participants’
4460 free, informed and continuing consent to participate in the research. Section C addresses the
4461 REB’s obligation to ensure that the safety of participants is monitored and protected. Section
4462 D describes the obligations of REBs to ensure that any new information, including
4463 information about newly discovered risks and toxicities, that may affect the willingness of a
4464 participant to enter or continue in the trial be promptly disclosed.

4465 **Article 11.6** Researchers should share with the research ethics board, the participants and
4466 other appropriate regulatory or advisory bodies, in a timely manner,
4467 information that may be relevant to participants’ continuing consent to
4468 participate in the research.

4469 Researchers should also share new information with former participants in
4470 the research to the extent that it may be relevant to their welfare.

4471 **Application** Researchers should share with the REB and trial participants, in a timely
4472 manner, new information relating to the safety and efficacy of the study
4473 therapy, significant changes to study procedures, and other relevant
4474 information. Article 11.6 outlines a researcher’s continuing duty to share new
4475 and relevant information from the clinical trial. The more serious and urgent
4476 the information, the more promptly it should be disclosed.

4477 New information requires disclosure if it may affect the willingness of
4478 participants to continue in the trial, or is otherwise relevant to participants’
4479 welfare or free, informed and continuing consent (see Articles 2.8, 3.3, 3.4).
4480 To understand its particular relevance, the information should be considered
4481 from a participant-centred perspective. New information that arises outside
4482 the trial (for example, new findings in other related research), when that
4483 information is relevant to the participant’s informed and continuing
4484 participation, should also be disclosed. New information thus covers a range
4485 of matters that includes, but is not limited to, the following:

- 4486 • changes to the research protocol;
- 4487 • evidence of new risks, determined to be serious enough to warrant
- 4488 disclosure;
- 4489 • new information that decisively shows that the benefits of one
- 4490 intervention exceed those of another;
- 4491 • new research findings, including relevant non-trial findings; or
- 4492 • unanticipated problems involving lack of efficacy, recruitment issues, or
- 4493 other matters determined to be serious enough to warrant disclosure.

4494 The duty to report such new information to the REB, along with the
 4495 necessary analysis and evaluation to make the new information interpretable,
 4496 lies with the researcher and the sponsor. The REB should encourage
 4497 researchers to raise potentially relevant developments with the REB at an
 4498 early stage to better determine the appropriate scope and timing of
 4499 information-sharing with participants and regulatory authorities.

4500 Significant information affecting the welfare of former participants may arise
 4501 after the completion of the trial or after the participants' involvement is
 4502 finished. If so, the researcher should share the information with the REB and
 4503 other appropriate regulatory or advisory bodies. The REB and researcher
 4504 should consider whether, given its nature and urgency, the information would
 4505 be relevant to any former participants' welfare and informed choices. If so,
 4506 reasonable steps should be taken to inform such participants in a meaningful
 4507 and timely manner.

4508 When sponsors refuse to report new and significant information that is
 4509 relevant to the welfare of participants, then researchers and/or REBs have a
 4510 duty to do so. The more relevant, serious and urgent the information, the
 4511 stronger is the duty to report. Before REBs or researchers act on such duties,
 4512 they should afford sponsors a reasonable opportunity to report the
 4513 information to the appropriate regulatory authorities.

4514 **E. Therapeutic Misconception**

4515 With the exception of some Phase I studies, clinical trials usually involve individuals in need
 4516 of treatment, for whom the experimental therapy is hoped to be effective. In addition, often
 4517 the patient's physician, or someone associated with the patient's physician, makes the initial
 4518 approach or provides preliminary information about trial participation. Research has shown
 4519 that participants may confuse the purposes of research and therapy.

4520 As a result, some patient-participants may assume that there must be therapeutic value in the
 4521 research procedures they are undergoing, or that they have been invited to participate
 4522 because their physician believes it would contribute to their welfare. Therapeutic

4523 misconception refers to the tendency of trial participants to believe that the primary intention
4524 of research tests and interventions is to provide a therapeutic benefit to the patient-
4525 participant. Even when research risks, benefits and alternatives are explained to them, it is
4526 common that trial participants do not fully appreciate the differences between clinical care
4527 and research participation. This may be particularly true when the researcher is the
4528 participant's own physician.

4529 **Article 11.7** Research ethics boards and clinical trial researchers should be conscious of
4530 the phenomenon of therapeutic misconception and ensure that procedures for
4531 recruitment and informed consent emphasize which specific elements of a
4532 clinical study are required for research purposes, as well as the differences
4533 between research and the standard clinical care they might otherwise receive.

4534 **Application** Chapter 3 (“Free and Informed Consent”) describes the requirements for
4535 informed consent to research participation. In particular, Article 3.2 provides
4536 that participants must be provided with relevant information, including a
4537 clear description of those elements of participation that are experimental in
4538 nature and those not primarily intended to benefit the participant directly.
4539 One way to help avoid therapeutic misconception is to ensure that the health-
4540 care professionals involved in the patient's care are involved as little as
4541 possible in recruitment, to ensure that clearly different people perform
4542 treatment and research functions.

4543 When a treating clinician conducts research on his or her patients, special
4544 efforts may be required, as part of the consent process, to distinguish between
4545 these two roles and to ensure that patient-participants understand the research
4546 elements of the study. While the physician is ultimately responsible for
4547 patient care, participants should understand that a physician who conducts
4548 research is acting in a capacity that is outside the traditional physician-patient
4549 relationship.

4550 **F. Financial Conflicts of Interest**

4551 **Industry-Sponsored Research**

4552 Clinical trials are commonly undertaken under contract with pharmaceutical or
4553 biotechnology companies in order to secure marketing approval for the drug being tested.
4554 These companies make drugs and devices in order to generate profits. This may be a source
4555 of conflict with researchers' obligations of scientific integrity and participant welfare.

4556 **Article 11.8** Research ethics boards should ensure that clinical trial research is designed to
4557 meet appropriate standards of participant safety and respectful treatment, and
4558 that financial considerations do not affect these standards or the scientific
4559 validity and transparency of study procedures.

4560 **Application** Clinical trial research raises special challenges for the protection of human
4561 participants and the validity of research results because of the financial
4562 considerations associated with clinical trials. The profit motive of

4563 commercial research can conflict with participant protection and the scientific
4564 validity of clinical trials. The financial benefits of demonstrating efficacy and
4565 safety in a novel therapy may have the effect of compromising standards of
4566 human protection and scientific validity (see Chapter 7 [“Conflict of
4567 Interest”]).

4568 **Clinical Trial Budgets**

4569 Budgets for clinical trials are usually calculated based on per capita costs – that is, the
4570 sponsor pays the researcher a fixed sum for each research participant, based on the duration
4571 and complexity of the study and the tests and procedures it requires.

4572 **Article 11.9** Research ethics boards should ensure that clinical trial budgets are reviewed to
4573 ensure that conflicts of interest are identified and appropriately managed.

4574 **Application** As a general guide, payments for clinical trial procedures should be no greater
4575 than the usual amounts charged by health-care providers for the provision of
4576 comparable services. Budgets should also be examined to ensure that no
4577 inappropriate payments are to be made, such as finder’s fees or other
4578 unexplained expenses that may raise questions about conflict of interest.
4579 Further, payment provisions should be scrutinized to ensure they do not create
4580 ethically inappropriate incentives to recruit quickly, at the expense of a careful
4581 review of the suitability of potential participants. Differential compensation paid
4582 for different levels of recruitment, such as higher per-participant payments for
4583 those recruited above a set target, may also encourage inappropriate recruitment
4584 practices. Unreasonable payments or undue inducements may place the
4585 researcher, and sometimes the institution, in a conflict between maximizing
4586 financial remuneration on the one hand and protecting participants and meeting
4587 the scientific requirements of the study on the other. Disclosure of the kinds and
4588 amounts of payments and other budgetary details assists the REB to assess
4589 potential conflicts of interest and encourages the researcher to manage them
4590 appropriately.

4591 **G. Placebo-Controlled Studies**

4592 In studies of new drugs or other therapies, a placebo study arm allows the researcher to control
4593 for factors that may confound a valid assessment of the value of an experimental therapy, and it
4594 also has other methodological advantages over non-placebo designs. Placebo-controlled studies
4595 have long been the gold-standard design for testing the efficacy and safety of new drugs and
4596 other clinical interventions. However, the primacy of the placebo-controlled study has been
4597 challenged, and opinions differ as to its methodological superiority for all types of clinical
4598 trials. In addition, where there is an established effective treatment, use of a placebo may
4599 deprive participants of needed therapy. The following article is designed to ensure that placebo
4600 controls are used only in situations that do not compromise the safety of participants.

4601 **Article 11.10** (a) A new therapy or intervention should generally be tested against an
4602 established effective therapy.

- 4603 (b) As with all alternative choices of a control, a placebo control is ethically
4604 acceptable in a randomized controlled clinical trial if:
- 4605 • its use is scientifically and methodologically sound to establish the
4606 efficacy or safety of the test therapy or intervention;
 - 4607 • it does not compromise the safety or well-being of participants; and
 - 4608 • the researcher articulates to the research ethics board (REB) a valid
4609 scientific justification for the use of the placebo control.
- 4610 (c) For clinical trials involving a placebo control, the researcher and the REB
4611 must ensure that participants or their surrogate decision-makers are well
4612 informed:
- 4613 • about any therapy that will be withdrawn or withheld for purposes of the
4614 research; and
 - 4615 • of the anticipated consequences of withdrawing or withholding the
4616 therapy.
- 4617 **Application** The use of an active treatment comparator in a clinical trial of a new therapy is
4618 generally the appropriate study design when an established effective therapy
4619 exists for the population and clinical indication under study.
- 4620 However, a placebo comparator is acceptable in any of the following
4621 situations:
- 4622 1. There are no established effective therapies for the population or for the
4623 indication under study, and existing evidence raises substantial doubt
4624 within the community of treating physicians regarding the net therapeutic
4625 benefit of available therapies.
 - 4626 2. Patients are refractory to the available therapies by virtue of their past
4627 treatment history or known medical history.
 - 4628 3. The study involves adding a new investigational therapy to established
4629 effective therapies – established effective therapy + new therapy vs.
4630 established effective therapy + placebo.
 - 4631 4. Patients have determined that the response to the established effective
4632 therapies for their condition is unsatisfactory to them.*
 - 4633 5. Patients have previously refused established effective therapies for their
4634 condition.*
- 4635 * For (4) and (5), the determination of response satisfaction and refusal of
4636 treatment must take place outside the context of recruitment for the clinical

4637 trial and prior to offering trial participation to the potential participant, and
4638 they must be documented in a standardized manner.⁶

4639 **H. Analysis and Dissemination of the Data and Results of Clinical** 4640 **Trials**

4641 The rights of sponsors with respect to the ownership, analysis, interpretation and publication
4642 of study data are typically described in industry-researcher contracts (often referred to as
4643 Clinical Trial Agreements or Clinical Study Agreements), which may not always be
4644 available for REB review. These contracts may also place restrictions on the publication of
4645 findings, either directly or through provisions that seek to protect, in favour of the sponsor,
4646 the intellectual property of study procedures, data or other information.

4647 **Article 11.11** With respect to research findings:

4648 (a) Institutions and research ethics boards should take necessary measures to
4649 ensure that researchers and institutions share research results and publish
4650 or otherwise disseminate the analysis and interpretation of research
4651 findings in a timely manner without undue restriction.

4652 (b) Any prohibition or undue limitation on the publication or dissemination
4653 of scientific findings from clinical trials is ethically unacceptable.

4654 (c) Institutions should develop reasonable written policies regarding
4655 acceptable and unacceptable clauses in research contracts relating to
4656 confidentiality, publication and access to data.

4657 **Application** To justify the use of human participants, and the risks and other burdens they
4658 are asked to bear, research must be valuable. That is, it must have a
4659 reasonable likelihood of promoting social good. If research findings are not
4660 disseminated within a reasonable time, their value may be diminished or lost,
4661 betraying the contributions and sacrifices of participants. For this reason, and
4662 based on respect for participant expectations and protection of the public
4663 good, researchers and institutions have an ethical responsibility to make
4664 reasonable efforts to publicly disseminate the results of clinical research in a
4665 timely manner.

4666 However, negative results of research are not always published or otherwise
4667 disseminated. Failing to publish such results may lead to publication bias and
4668 thus contribute to a series of harms, including misinformed clinical decision-
4669 making based on incomplete or skewed data, inappropriate and potentially
4670 harmful clinical practices and injury to health, needless and wasteful
4671 duplication of research with associated risks to participants, and fraud or
4672 deception in the clinical trials process and erosion of public trust and
4673 accountability in research.

4674 REBs should require the satisfactory amendment or removal of any
4675 confidentiality clauses or publication restrictions that unduly limit either the

4676 content of the scientific information that may be disseminated, or the timing
4677 of dissemination. Contracts should also ensure that researchers have the
4678 necessary access to trial data, and the opportunity to analyze them, to ensure
4679 that they can report study findings fairly and accurately, particularly with
4680 respect to both efficacy and safety.

4681 Article 11.11 requires (a) that REBs and institutions take reasonable steps to
4682 ensure that research findings are published in a timely way, (b) that such
4683 publication may be done without undue limitation, and that (c) institutions
4684 and REBs adopt reasonable written, publicly available policies with respect
4685 to the publication and dissemination of results. Contracts and relevant
4686 documents for proposed research should be reviewed for consistency with
4687 these policies and principles. Such policies should ensure that sponsors'
4688 legitimate interests are reasonably balanced against the researcher's ethical
4689 and legal obligations to participants, and to the scientific and public good to
4690 disseminate data and research findings.

4691 Such policies should require that clinical trial research contracts be examined
4692 to ensure that contractual provisions comply with institutional policy
4693 standards. They should do all of the following:

4694 1. Require that confidentiality and publication clauses be submitted to a
4695 responsible authority (for example, the REB or research administration)
4696 for a determination of their consistency with the policy.

4697 2. Require that any ethical concerns arising in the review be referred to the
4698 REB as an integral part of the ethics review process.

4699 3. Provide that any proposed restrictions on publication should include an
4700 ethically acceptable justification.

4701 4. Provide that all confidentiality and publication clauses:

4702 (a) Are consistent with the researcher's duty to share new information
4703 from clinical trials with REBs and trial participants in a timely
4704 manner (Section D ["Sharing New Information"]);

4705 (b) Are reasonable in terms of any limitations or restrictions on the
4706 publication or other dissemination or communication of
4707 information; and

4708 (c) Permit researchers to access study data.

4709 Review of ethical aspects of researcher–industry contracts should be
4710 undertaken by a duly composed REB, or by or under the auspices of another
4711 competent institutional authority as an integral part of the ethics review
4712 process. If done under the latter process, the review of contracts should be
4713 conducted in a manner that (1) conforms to the special ethical duties,

4714 mandate and purposes of REB review, and (2) consults with the REB when
4715 necessary.

4716 In the review process, the onus to justify restrictions on dissemination or
4717 access to data should lie with the one seeking such restriction, usually the
4718 researcher or sponsor. The reasonableness of restrictions on either the content
4719 or timing of dissemination should be measured against the written
4720 institutional policies. For example, some existing institutional policies deem
4721 unacceptable any publication restrictions that exceed a time limit of three to
4722 six months after the close of the trial. Such policies should also address
4723 restrictions on the dissemination of particular kinds of information, such as
4724 information that may be considered proprietary or trade secrets. Restrictions
4725 on information that participants would reasonably consider relevant to their
4726 welfare (see Article 11.6), or that are required to give appropriate context to a
4727 manuscript or other publication, are seldom if ever justified.

4728 **Clinical Trial Registration**

4729 Clinical trial registries permit web-based access to information about ongoing clinical trials
4730 so that anyone may have information about trials and their results.

4731 **Article 11.12** All clinical trials should be registered with a recognized and easily web-
4732 accessible public registry.⁷

4733 **Application** Clinical trial registries are one way to help ensure that negative trial results
4734 are widely available. These, in addition to editorial policies,⁸ ethical policy
4735 reforms, and revised national and institutional ethics policies, contribute to a
4736 multi-faceted approach to combating non-disclosure, publication bias, and the
4737 suppression of data in clinical research.

4738

Endnotes

¹ Part C, Division 5 of the Food and Drug Regulations

<http://gazetteducanada.gc.ca/partII/2001/20010620/html/sor203-e.html>.

² See note 1 and Medical Devices Regulations (SOR/98-282). <http://laws.justice.gc.ca/en/f-27/sor-98-282/text.html>.

³ International Conference on Harmonization, Guidance E6: Good Clinical Practice – Consolidated Guideline (of ICH Technical Requirements for the Registration of Pharmaceuticals for Human Use) 1996, adopted by Health Canada in 1997.

http://www.hc-sc.gc.ca/dhp-mpps/prodpharma/applic-demande/guide-ld/ich/efficac/e6_e.html.

⁴ The description of the clinical trial phases above has been adapted from the U.S. National Library of Medicine of the National Institutes of Health, “FAQ: What are clinical trial phases?” <http://www.nlm.nih.gov/services/faqctgov.html>.

⁵ The NIH has developed guidance on data and safety monitoring of clinical trials. See <http://grants.nih.gov/grants/guide/notice-files/not98-084.html> and <http://grants.nih.gov/grants/guide/notice-files/not-od-00-038.html>.

⁶ These conditions are drawn from the recommendations of the National Placebo Working Committee on the Appropriate Use of Placebos in Clinical Trials in Canada, 2004. <http://www.cihr-irsc.gc.ca/e/25139.html> with minor amendments approved by the CIHR Standing Committee on Ethics.

⁷ The CIHR requires that randomized clinical trials be registered with an International Standard Randomized Controlled Trial Number (ISRCTN) at www.controlled-trials.com.

⁸ International Committee of Medical Journal Editors, *Sponsorship, Authorship and Accountability*. <http://www.icmje.org/sponsor.htm>.

Chapter 12

4739

4740

HUMAN TISSUE

4741 The use of human tissue for research contributes greatly to the advance of biomedical
4742 science. Ethical considerations raised by such research centre on acceptable access and
4743 consent to the use of tissue and potential privacy concerns arising from the disclosure of
4744 information derived from donor tissue.

4745 Human tissue here refers to any biological material and includes blood or other body fluids.
4746 The status accorded the human body and its parts varies among individuals and cultures.
4747 This variation, in part, reflects how people perceive, identify with, and relate to their bodies.
4748 It is important, then, to assess the ethics of research involving human tissue with an
4749 awareness of, and sensitivity to, the relevant cultural context.

4750 A. Identifiability of Tissue

4751 Five categories of human tissue can be distinguished, based on the extent to which they are
4752 identifiable. These categories, with minor variations, are also found in Chapter 5 (“Privacy and
4753 Confidentiality”) with respect to the identifiability of personal information:

- 4754 • **Identified tissue:** Tissue donors can be identified through direct identifiers
4755 associated with the sample (e.g., name, address, social insurance number or personal
4756 health number);
- 4757 • **Identifiable tissue:** Tissue donors can be identified by a combination of indirect
4758 identifiers (e.g., date of birth, place of residence, or unique personal characteristic)
4759 using reasonably foreseeable means;
- 4760 • **De-identified/coded tissue:** Identifiers are removed from tissue samples and
4761 replaced with a code that permits individual donors to be identified only by use of
4762 that code, access to which may be restricted;
- 4763 • **Anonymized tissue:** Tissue is irrevocably stripped of any means of identification
4764 and a code is not kept to allow future re-linkage; and
- 4765 • **Anonymous tissue:** Information that never had identifiers associated with it.

4766 These categories, however, are not fixed. Identified, identifiable and de-identified tissue can
4767 be anonymized by well-accepted technical or administrative means. For purposes of
4768 assessing privacy, identified and identifiable tissue may be treated in much the same way,

4769 since these categories of tissue can be straightforwardly associated with a particular
4770 individual. Likewise, anonymous and anonymized tissue also may generally be treated the
4771 same, since they cannot be associated with an individual.

4772 However, due to continuing technological development in genetics, individuals with access
4773 to stored tissue are increasingly able to discover the identity of individual donors using
4774 genetic markers. For this reason, genetic testing has made it more difficult to categorize
4775 tissue as anonymous or anonymized. Researchers and research ethics boards (REBs) should
4776 be aware of, and guard against, this potential threat to donors' privacy.

4777 From the perspective of confidentiality, it may seem desirable to anonymize or de-identify
4778 collected tissue to the extent possible. However, there are considerations that may justify
4779 retaining some identifiers, which include the scientific requirements of some studies and the
4780 need to avoid using different samples from the same donor. Anonymity may not always be
4781 desirable for other reasons as well. Rendering tissue anonymous has the disadvantage of
4782 making it impossible to offer the benefits of research findings to donors and their families or
4783 to alert them to relevant clinical findings. This is particularly significant when research may
4784 disclose a previously undiagnosed condition, such as HIV infection or an inherited
4785 predisposition to breast cancer, for which potentially effective treatments are available.

4786 **B. Tissue Collection**

4787 Tissues samples may be obtained in different ways:

- 4788 1. They may be collected expressly for a specific research purpose;
- 4789 2. They may be collected incidentally to medical or diagnostic procedures with no
4790 initial intent to be used in research; or
- 4791 3. They may be collected for research or medical or diagnostic purposes with some
4792 expectation that they may or will also be used in future research, although the
4793 precise research project(s) may not be known at the time.

4794 The first category above refers to the initial collection of tissue for research, which is
4795 described in this section. The latter two categories are relevant to subsequent, secondary
4796 uses of tissue for research that may not have been conceived at the time the tissue was taken.
4797 These are described in Section D ("Secondary Use of Previously Collected Tissue"), below.

4798 **Article 12.1** Research proposing the initial collection and use of human tissue requires
4799 ethics review by a research ethics board and consent of the tissue donor.

- 4800 (a) The collection and use of human tissue for research purposes should be
4801 undertaken with the free and informed consent of the donor;
- 4802 (b) In the case of donors who lack capacity, consent may be given by advance
4803 directive or by an authorized third party; and
- 4804 (c) In the case of deceased donors, consent may be given by advance
4805 directive or by an authorized third party.

4806 **Application** Article 12.1 applies prospectively – that is, prior to the collection of tissue
4807 intended for research purposes. It applies the general elements of free and
4808 informed consent in Chapter 3 (“Free and Informed Consent”) to tissue
4809 donation. The consent process permits individuals to protect themselves
4810 against unwanted or potentially harmful invasions of privacy. Individuals
4811 who do not wish to contribute tissue to particular research projects should be
4812 free to withhold consent without penalty and without prejudicing access to
4813 any treatment they would otherwise receive. For individuals unable to give
4814 consent, the principles developed in Chapter 3 regarding third-party
4815 authorization should be observed.

4816 When informed consent to the research use of tissue is being discussed, a
4817 clear distinction should be made between consent to research use and that for
4818 any clinical procedure or test. In practice, this may mean separate consent
4819 forms, but in any event, the different uses must be clearly explained and
4820 understood by donors.

4821 Advance directives may include instructions relating to the future donation of
4822 tissue, and they should be respected. However, post-mortem donation of
4823 tissue can be an extraordinarily sensitive topic in some families. In such
4824 cases, if serious objections or divisions within a donor’s family become
4825 known, researchers should be aware of family members’ concerns, and they
4826 should respond in a way that respects that sensitivity. REBs and researchers
4827 should be aware that provincial human tissue gift laws often make specific
4828 provision for research use and should be consulted.

4829 **Consent for Future Use**

4830 **Article 12.2** To facilitate the appropriate subsequent use of human tissue, consent forms
4831 should provide potential participants with a range of choices relating to the
4832 future use of their tissue.

4833 **Application** Where secondary use of donated tissue is anticipated, it is desirable that
4834 individuals approached to donate be given a realistic opportunity to express
4835 the specific nature and scope of the consent they wish to give. Accordingly,
4836 offering a variety of choices, as suggested in Article 12.2, permits donors
4837 flexibility in shaping the acceptable secondary use of their tissue. Options
4838 might include, for example:

- 4839 • Refusing any future use of their tissue in research;
- 4840 • Permitting only anonymous or anonymized use of their tissue in research;
- 4841 • Permitting identified, identifiable or coded use of tissue for one particular
4842 study only;

- 4843
- 4844
- 4845
- Permitting identified, identifiable or coded use of their tissue for any study relating to the condition for which the sample was originally collected;
- 4846
- 4847
- Permitting future contact by researchers to seek consent for other studies; or
- 4848
- 4849
- Permitting coded use of their biological materials for any kind of future study.

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At the same time, donors should be advised that, once given, their consent may be difficult to withdraw. They should also be advised of the potential for subsequent identification, including identification by means of increasingly sophisticated genetic technologies.

4854 **Article 12.3** For the purpose of obtaining free and informed consent, the full range of

4855 information set out in Article 3.2 in Chapter 3 (“Free and Informed Consent”)

4856 should be provided. In addition, researchers who seek to collect human tissue

4857 for research should provide potential donors or authorized third parties with

4858 the following information:

- 4859
- (a) The type and amount of tissue to be taken;
- 4860
- (b) The manner in which tissue will be taken, and the safety and
- 4861 invasiveness of the procedures for acquisition;
- 4862
- (c) Potential uses of the tissue, including any commercial uses;
- 4863
- (d) Measures to protect the privacy of individual donors, ensure
- 4864 confidentiality of the data, and minimize harms to donors;
- 4865
- (e) The length of time the tissue will be kept, how it will be preserved, and
- 4866 any limits on its use; and
- 4867
- (f) Where applicable, the researchers’ plan for disclosure of clinically
- 4868 relevant information derived from the tissue.

4869 **Application** Free and informed consent to tissue donation requires that all currently

4870 known relevant information be provided to potential donors. In general,

4871 consent must be based on an understanding of the specific uses of tissue for

4872 research anticipated at the time. Potential research participants should also be

4873 advised if there is the possibility that future studies, the nature of which is

4874 currently unknown, may be undertaken using the donated tissue. Researchers

4875 should submit to the REB an acceptable plan for maintaining the duty of

4876 confidentiality in regard to tissue donors. Reasonably anticipated harms, such

4877 as the possibility of future identification, must also be disclosed. This

4878 includes information on any identifying information to be attached to the

4879 tissue, its potential traceability, and how the use of the tissue could affect the

4880 donor’s privacy.

4881 In general, tissue samples should be used only for the agreed-on research
4882 project. The law in some jurisdictions requires that research be restricted to
4883 these purposes. Subject to Articles 12.5 and 12.6, if tissue is to be used for
4884 any other research purpose, the individual's prior consent should be obtained.

4885 The research protocol and consent form should describe any incidental
4886 findings that may be anticipated, as well as the way they will be managed.
4887 Incidental findings are unanticipated discoveries, which may not have been
4888 within the original focus of the research, that may have clinical,
4889 psychological, social or other health-related significance. If incidental
4890 findings are made, the question may arise whether, and how, they should be
4891 communicated to the affected donor. The management of incidental findings
4892 is more fully discussed in Article 3.4 in Chapter 3 ("Free and Informed
4893 Consent").

4894 While all the basic guidelines of Chapter 3 regarding free and informed
4895 consent apply to research involving human tissue, some deserve special
4896 attention. Explaining the purpose of the research is of particular importance,
4897 since the tissue donor will not be directly involved in the research. Explaining
4898 the potential for financial conflict of interest is also important, as there may
4899 be the potential for significant commercial gain.

4900 **C. Tissue Storage and Banking**

4901 This section applies to any storage of tissue. It includes tissue stored only for the duration of a
4902 study as well as that which is stored or banked for future research use.

4903 Collection and retention of tissue in biological banks ("biobanks") creates an increasingly
4904 important resource for research. Biobanks vary widely in their characteristics. Different types
4905 of biological materials may be stored in biobanks, including blood and tissue samples, such as
4906 tissues from tumours or organs. Biobanks may include or be linked with databases of
4907 identifiable or non-identifiable information; they may be disease-specific or contain genetic
4908 material from a wide population base; they may be established prospectively for use in a
4909 specific research study or to provide biological materials for numerous studies.

4910 The creation of biobanks presents risk to individuals whose genetic and other personal
4911 information may be accessed, used, retained and disclosed, and they also present risk to those
4912 individuals' biological relatives and others with whom they have shared genetic characteristics.

4913 **Article 12.4** Institutions and researchers that maintain collections or repositories of tissue:

4914 (a) Should ensure that they have or use appropriate facilities, policies and
4915 procedures to ensure that tissue is stored safely and in accordance with
4916 applicable standards; and

4917 (b) Should establish appropriate physical, administrative and technical
4918 safeguards to ensure that the privacy of tissue donors is protected.

4919 **Application** Institutions and researchers must ensure that their facilities, equipment and
4920 procedures permit tissue to be stored safely so that its scientific value is
4921 maintained. Procedures for storage and record-keeping must include effective
4922 measures to ensure that donors' identities are protected. Such measures include
4923 the security of facilities and effective procedures for data handling, record-
4924 keeping and regulating access to tissue and associated information by outside
4925 researchers and others.

4926 Organizations that maintain biobanks may have their own policies on privacy,
4927 confidentiality and access to materials. Researchers should be aware of
4928 requirements for compliance with such policies. For example, researchers may
4929 be required to apply to the organization for permission to access biological
4930 samples, and they may be required to enter into an agreement with the
4931 organization that sets out conditions for research access and use of materials in
4932 the biobank.

4933 Identified data derived from tissue may be linked to other research or public
4934 databases. Such data linking can be a powerful research tool and valuable
4935 resource for monitoring the health of populations, understanding factors
4936 influencing disease, and evaluating health services and interventions. Data
4937 linkage raises separate privacy issues, discussed in Section E ("Data Linkage")
4938 of Chapter 5 ("Privacy and Confidentiality").

4939 **D. Secondary Use of Previously Collected Tissue**

4940 A researcher may want to use tissue left over from earlier research, from a diagnostic
4941 examination or surgical procedure, or from an established tissue repository. At the time
4942 tissue was collected, individuals may have consented to a particular research purpose or
4943 otherwise expressed a preference about future uses, such as an advance directive made in
4944 accordance with laws governing gifts of human tissue for research or other purposes, or by
4945 an instruction contained in a consent form, as described in Article 12.2. Researchers and
4946 REBs should respect known preferences or instructions. Alternatively, future use of tissues
4947 may not have been discussed with or even contemplated by the individual. It can be difficult
4948 then to determine individual wishes regarding future uses of tissue for research. A
4949 proportionate assessment of risks and benefits will help guide the research ethics process in
4950 these cases.

4951 Chapter 5 ("Privacy and Confidentiality") provides detailed guidance on secondary use of
4952 personal information for research purposes (in particular, see Articles 5.5 and 5.6). The
4953 following section adapts the provisions in Chapter 5 to the specific context of research
4954 involving secondary use of tissue.

4955 **Article 12.5** Researchers should seek research ethics board (REB) approval for the
4956 secondary use of tissue. Researchers must satisfy the REB that:

4957 (a) Use of the tissue is essential to the research;

4958 (b) They will take appropriate measures to protect the privacy of and minimize

4959 harms to the individuals from whom tissue was collected, and to ensure
4960 confidentiality; and

4961 (c) Individuals from whom the tissue was collected did not object to secondary
4962 use at the initial stage of collection or otherwise make known their
4963 objection.

4964 **Application** For research involving the secondary use of tissue that is anonymous,
4965 anonymized, and de-identified or coded where no member of the research
4966 team has access to the code that permits re-identification of individuals, the
4967 REB may proceed by delegated review. (Under some circumstances,
4968 delegated review may be available for secondary use of identifiable tissue.)
4969 Researchers and REBs should be aware, however, that risks may arise even
4970 in research involving anonymized or anonymous tissue. The research may
4971 reveal potentially harmful information about groups or communities, even
4972 though it may not be possible to identify the individuals who provided the
4973 tissue. For example, as more fully described in Section E (“Genetic Research
4974 Involving Communities”) of Chapter 13 (“Human Genetic Research”),
4975 research on human tissue may involve an exploration of genetic variation
4976 within specific groups or communities. Such research may raise ethical
4977 concerns about stigmatization and exploitation of groups and social
4978 disruption in communities. For this reason, researchers may have an
4979 obligation to seek the engagement of community members or leaders in the
4980 design, conduct and reporting of such research (see Article 12.6, below).
4981 Should any of these concerns arise during the conduct of a study, the
4982 researchers should bring such concerns to the REB for guidance and
4983 direction.

4984 Subject to Article 12.6, if a researcher satisfies the conditions in Article 12.5
4985 (a) to (c), the REB may approve the research without requiring the consent of
4986 individuals from whom tissue was collected. Established tissue repositories
4987 may have their own policies and procedures governing access to tissue for
4988 research purposes. For example, repositories may release only anonymized
4989 samples and may require researchers to sign material transfer agreements or
4990 secure REB approval. Researchers should be aware of and abide by such
4991 policies and procedures and obtain any other required permission.

4992 **Article 12.6** In highly sensitive situations involving secondary research use of tissue, the
4993 research ethics board (REB) may require that a researcher’s secondary use of the
4994 tissue be dependent on the informed consent of the individuals from whom the
4995 tissue was collected or from authorized third parties, unless it is impossible
4996 or impracticable to obtain consent. If the REB is satisfied that consent is
4997 impossible or impracticable, access for secondary use may require either:

4998 (a) An appropriate strategy for notifying individuals or groups that tissue is
4999 intended to be used for a specified research purpose; or

5000 (b) Consultation with representatives of individuals or groups from whom tissue
5001 was collected.

5002 **Application** In considering the applicability of this article, REBs should apply a
5003 proportionate approach to ethical assessment of research that considers the
5004 likelihood and magnitude of harms for individuals from whom tissue was
5005 collected, as well as the potential benefits of the research. Highly sensitive
5006 situations may arise when identifying or identifiable results of the research will
5007 be published or when the tissue was originally collected from individuals or
5008 groups who may have special interests in regard to tissues, such as groups with
5009 specific medical conditions or who attribute particular cultural or religious
5010 significance to tissue. For this reason, according to the Canadian Institutes of
5011 Health Research Guidelines for Health Research Involving Aboriginal People,¹
5012 secondary research use of tissue samples known to have originated with
5013 Aboriginal people requires the specific consent of the individual donor and,
5014 where appropriate, consultation with the community if the sample can be traced
5015 back to the individual or the community. REBs should also be particularly
5016 cautious when individuals or groups from whom the tissue was collected may be
5017 significantly harmed by accidental or intentional disclosure.

5018 Article 12.6 provides that the REB may require researchers to seek consent from
5019 individuals or their authorized third parties. It may, however, be impossible or
5020 impracticable to contact all individuals or authorized third parties to obtain
5021 informed consent, particularly when the group is large or its members are likely
5022 to be deceased, geographically dispersed or difficult to track. Attempting to
5023 locate and contact members of the group may raise additional privacy concerns,
5024 especially when a relationship with individuals has not been maintained. Seeking
5025 consent from only a partial set of group members may introduce undesirable bias
5026 into the research. Financial, human and other resources required to contact
5027 individuals and obtain consent may be so burdensome as to impose undue
5028 hardship that jeopardizes the research.

5029 Where an REB is satisfied that consent is impossible or impracticable, Article
5030 12.6(a) requires that the researcher propose an appropriate strategy for giving
5031 notice to individuals or groups about the proposed research or, where such
5032 notification is impossible or impracticable, that there be consultation with
5033 representatives of the individuals or group, in accordance with Article 12.6(b).
5034 For example, researchers may develop a way to sample the opinions of a subset
5035 of individuals in the group or contact one or more organizations that are likely to
5036 represent the views and interests of the individuals from whom tissue was
5037 collected. The goal of notice or consultation is to provide an opportunity for
5038 input regarding the proposed research.

5039 If researchers seek access to tissue in an established repository, the
5040 organization that manages the repository may have already taken steps to
5041 obtain consent from or notify individuals or authorized third parties, or to
5042 engage in consultation with representative groups. The researcher should

5043 inform the REB of the extent to which the repository organization has
5044 addressed these issues. If the REB is satisfied that issues of consent,
5045 notification or consultation have already been addressed by the repository
5046 organization, it may be unnecessary for the researcher to duplicate steps that
5047 have already been undertaken.

5048 **Article 12.7** In the context of secondary research with tissue, researchers who wish to contact
5049 individuals from whom tissue was previously collected must obtain research
5050 ethics board approval prior to contact.

5051 **Application** Sometimes a research goal may be achieved only by follow-up contact with
5052 individuals to collect additional information or biological samples. However,
5053 contact with individuals whose previously collected tissue is sought for use in
5054 secondary research raises privacy concerns, especially if a relationship with
5055 these individuals has not been maintained. Individuals might not want to be
5056 contacted by researchers. The research benefits of follow-up contact must clearly
5057 outweigh the potential harms to individuals of follow-up contact, and the REB
5058 must be satisfied that the proposed manner of follow-up contact is respectful and
5059 minimizes potential harms to individuals.

5060 **E. Human Reproductive Tissue**

5061 This section sets out ethical guidelines relating to research involving human fetuses and fetal
5062 tissue, embryos, stem cells and gametes. While research involving human reproductive tissue
5063 has great promise for assisting the development of healthy pregnancies, curing illness, and
5064 repairing or rebuilding tissue, some such research is objectionable to many. Accordingly, this
5065 research has provoked vigorous debate. Discussion and reflection should continue as our
5066 scientific understanding develops.

5067 Significant ethical issues include consent to research involving reproductive tissue, privacy
5068 concerns of donors and research participants, and the potential for harm to an embryo or fetus.
5069 Researchers and REBs have a continuing duty to remain mindful of the public interest in these
5070 issues, and to respect policy, legal and regulatory requirements. In particular, researchers and
5071 REBs should be aware of the detailed requirements and prohibitions found in the *Assisted*
5072 *Human Reproduction Act*.²

5073 **Article 12.8** In addition to Articles 12.1 to 12.7 that apply to all research involving human
5074 tissue, the following guidelines apply to research involving human
5075 reproductive tissue.

5076 (a) Research using reproductive tissue or cells, in the context of an
5077 anticipated or ongoing pregnancy, should not be undertaken if the
5078 knowledge sought can reasonably be obtained by alternative methods.

5079 (b) No reproductive tissue should be obtained, for research use, through
5080 commercial transaction.

5081 **Application** Because of the potential for harm to the woman or the fetus, Article 12.8(a)
5082 recommends that the use of such reproductive tissue should be avoided where
5083 pregnancy is anticipated or ongoing, if research goals may be accomplished
5084 in some other way.

5085 Article 12.8(b) reflects concerns about the commercialization or
5086 commodification of human reproduction. The purchase or sale, directly or
5087 indirectly, of any human tissue for the purpose of creating a human being,
5088 including any gamete or *in vitro* human embryo, is ethically unacceptable.

5089 **Research Involving Human Embryos**

5090 An embryo is a human organism during the initial period of its development following
5091 fertilization or creation. It includes any cell derived from such an organism that is used for the
5092 purpose of creating a human being. Any research in which fertilization occurs should be
5093 regarded as research on embryos. The *Assisted Human Reproduction Act* prohibits the creation
5094 of a human embryo specifically for research purposes.

5095 **Article 12.9** Research on embryos intended for implantation to achieve pregnancy is
5096 acceptable if intended to benefit the embryo or to advance knowledge if:

5097 (a) Research interventions will not compromise the care of the mother, or
5098 the subsequent fetus; and

5099 (b) Researchers closely monitor the safety and comfort of the mother and the
5100 safety of the embryo.

5101 **Application** Research potentially altering the embryo by chemical or physical manipulation
5102 should be distinguished from research directed at ensuring normal fetal
5103 development. For example, the evaluation of potential teratogens and their
5104 effects on certain cell lineages may use early embryos, but those embryos must
5105 not be implanted for an ongoing pregnancy.

5106 **Article 12.10** Research involving human embryos that have been created for reproductive
5107 purposes, but are no longer required by their donors for this purpose, may be
5108 ethically acceptable if:

5109 (a) The ova and sperm from which they are formed were obtained in
5110 accordance with Article 12.8;

5111 (b) Where the embryo was created using donor gametes, free and informed
5112 consent was provided by the gamete donors; and

5113 (c) Embryos exposed to manipulations not directed specifically to their
5114 ongoing normal development will not be transferred for continuing
5115 pregnancy.

5116 **Application** Research on embryos requires the consent of the gamete donors. The REB may
5117 not waive the requirement for such consent. In particular, researchers and REBs
5118 should be aware of the Consent Regulation under the *Assisted Human*
5119 *Reproduction Act*.³

5120 **Research Involving Fetuses and Foetal Tissue**

5121 The term “fetus” applies to the developing human being from fertilization to delivery,
5122 whether alive or dead at delivery. Fetal tissue includes membranes, placenta, umbilical cord,
5123 amniotic fluid and other tissue that contains the genetic information of the fetus.

5124 Research may be undertaken on methods to treat, *in utero*, a fetus that is suffering from
5125 genetic or congenital disorders. Because the fetus and the woman cannot be treated
5126 separately, any intervention to one involves an intervention to the other.

5127 **Article 12.11** With respect to fetal research:

5128 (a) Consistent with the requirements of Chapter 3 (“Free and Informed
5129 Consent”), research involving a human fetus requires the free and
5130 informed consent of the woman.

5131 (b) Research interventions should not compromise the woman’s ability to
5132 decide whether to continue her pregnancy.

5133 **Application** Research involving a human fetus requires the free and informed consent of
5134 the woman. Accordingly, research involving the use of fetal tissue should be
5135 guided by respect for the woman’s dignity. Research methods on the
5136 treatment of fetuses *in utero* thus pose no issues that are not addressed
5137 elsewhere in this Policy. Researchers should ensure that a clear distinction is
5138 made between consent to research use and consent for any clinical procedures
5139 or testing. In practice, this may mean separate consent forms, but in any
5140 event, the different uses must be clearly explained and understood by
5141 participant-donors.

5142 **Pluripotent Stem Cell Research**

5143 **Article 12.12** Researchers who intend to conduct research to derive or use pluripotent stem
5144 cells should follow the Canadian Institutes of Health Research Guidelines for
5145 Human Pluripotent Stem Cell Research,⁴ as amended from time to time.

5146 **Hybrids and Chimeras**

5147 Research involving the creation of hybrids and chimeras raise serious ethical concerns,
5148 and federal legislation prohibits certain activities relating to their creation. Researchers
5149 and REBs are referred to the *Assisted Human Reproduction Act* for guidance in this area.

Endnotes

¹ <http://www.cihr-irsc.gc.ca/e/29134.html>

² (2004, c. 2) <http://laws.justice.gc.ca/en/A-13.4/>.

³ Assisted Human Reproduction (Section 8 Consent) Regulations (SOR 2007-137) <http://canadagazette.gc.ca/partII/2007/20070627/html/sor137-e.html> .

⁴ The Guidelines for Human Pluripotent Stem Cell Research can be found at <http://www.cihr-irsc.gc.ca/e/15255.html>.

Chapter 13

5150

5151

HUMAN GENETIC RESEARCH

5152 Human genetic research involves the study of genetic factors responsible for human traits and
5153 the interaction of those factors with each other and with the environment. Research in this area
5154 includes identification of genes that comprise the human genome; functions of genes; and
5155 characterization of normal and disease conditions in individuals, biological relatives, families
5156 and groups; as well as studies involving gene therapy. Participants in clinical trials are
5157 increasingly being asked to participate in genetic studies in addition to the primary clinical
5158 trial. With the increasing prevalence of genetic research, researchers, research ethics boards
5159 (REBs) and participants should be aware of the ethical issues that this research raises.

5160 Genetic research may have profound social impacts, both positive and negative. As genetic
5161 research advances, genes and their alleles (versions) are being identified, but the function of
5162 each gene and its relationship to disease conditions or other characteristics may not be clear.
5163 In single-gene disorders, for example, an allele of a single gene is directly related to hereditary
5164 disease. More commonly, diseases or personal characteristics are influenced by multiple genes
5165 and environmental factors.

5166 Research may help us better understand the human genome and genetic contributions to health
5167 and disease. It may lead to new approaches to preventing and treating disease. Individuals
5168 may benefit from learning about their genetic predispositions if intervention strategies are
5169 available to prevent or mitigate disease onset and symptoms, or otherwise promote health.
5170 Genetic research also has the potential, however, to exploit or stigmatize individuals or
5171 groups, who may experience discrimination or other harms because of their genetic status.

5172 **A. Application of Core Principles to Genetic Research**

5173 Genetic information has implications beyond the individual, because it may reveal
5174 information about biological relatives and others with whom the individual shares genetic
5175 ancestry. The participation of an individual in genetic research may therefore have
5176 ramifications for these other persons or groups. In some cases, researchers specifically seek
5177 to conduct genetic research with members of families or communities. Such research requires
5178 particular attention to the social and cultural contexts in which participants live. Research
5179 with families or communities may raise special considerations regarding recruitment of
5180 participants, consent processes, privacy and confidentiality, and community engagement.

5181 **Article 13.1** Guidelines for informed consent, protections for privacy and confidentiality,
5182 policies for research with human tissues, and other ethical guidance described in
5183 earlier chapters of this Policy apply equally to human genetic research.

5184 **Application** In developing and reviewing proposals involving genetic research, researchers and

5185 REBs should refer to earlier chapters in this Policy, including Chapter 3 (“Free and
5186 Informed Consent”), Chapter 5 (“Privacy and Confidentiality”) and Chapter 12
5187 (“Human Tissue”). Other chapters relevant to the specific research proposal, such
5188 as Chapter 9 (“Research Involving Aboriginal Peoples”) or Chapter 11 (“Clinical
5189 Trials”) should also be consulted. This chapter does not reiterate principles set out
5190 in earlier chapters. Rather, it focuses on issues that arise specifically in the context
5191 of human genetic research and sets out ethical principles in regard to handling of
5192 information revealed through genetic research, provision of genetic counselling,
5193 participation of families and communities in genetic research, banking of human
5194 biological materials, and research involving gene transfer.

5195 **B. Plans for Handling Information Revealed through Genetic** 5196 **Research**

5197 **Article 13.2** Researchers conducting genetic research must:

5198 (a) In their research proposal, develop a plan for handling information that may be
5199 revealed through their genetic research;

5200 (b) Submit their plan to the research ethics board; and

5201 (c) Advise potential participants of the plan for handling information revealed
5202 through the research, in order to obtain free and informed consent.

5203 **Application** The types of information that may be revealed through genetic research – and
5204 implications of this information for participants and their biological relatives –
5205 requires that researchers and REBs ensure that an appropriate plan is in place for
5206 handling both anticipated and unanticipated information. In some cases, genetic
5207 research may reveal known gene-disease associations or other information,
5208 including incidental findings, that may be clinically relevant for individuals or their
5209 biological relatives in treating or alleviating health conditions or risks. In other
5210 cases, research may reveal information that is inconclusive in its scientific, clinical
5211 or other implications. Genetic research may also reveal information about family
5212 relationships, including non-paternity.

5213 This range of information varies in its possible implications for individuals. In
5214 some cases, follow-up clinical testing and counselling may be recommended.
5215 Information may also have implications for biological relatives and raise disclosure
5216 considerations, as discussed in Articles 13.3(b) and 13.4. Genetic information may
5217 also affect an individual’s eligibility for employment or insurance, for example, if
5218 an individual who gathers genetic information is required to disclose disease
5219 predisposition risks to participants’ employers or insurers.

5220 The plan for handling information should take into account factors such as
5221 clinical relevance and anticipated benefits and harms for research participants
5222 and other people whose interests are implicated. Plans may include return of
5223 individual findings to participants or general notification of non-identifiable
5224 research results through newsletters, websites or other means. In regard to release
5225 or publication of research findings, the provisions of Chapter 5 (“Privacy and

5226 Confidentiality”) apply. In some cases, researchers may consider that the most
5227 ethical course of action is not to return results of genetic research to participants
5228 (for example, where clinical significance is unknown due to novelty of the
5229 genetic investigation).

5230 **Article 13.3** Where researchers plan to return findings to individuals, participants in genetic
5231 research should have an opportunity to:

5232 (a) Make informed choices about whether they wish to receive information
5233 about themselves; and

5234 (b) To express preferences about whether information will be disclosed to
5235 biological relatives or others with whom the participants share a family or
5236 group relationship.

5237 **Application** An individual’s right to privacy includes a right not to know information
5238 about himself or herself, and the principles on which this Policy is based
5239 emphasize autonomous choices regarding research participation. To permit
5240 participants to make informed choices about whether to receive information
5241 about themselves, researchers should explain the types of findings that may be
5242 revealed (as discussed in the Application of Article 13.2) and the potential
5243 implications of these findings for the participant, and should give the
5244 participant options for receiving different types of information. For example, a
5245 participant may want to receive clinically important information, but decline
5246 to receive information that is of unknown clinical significance.

5247 Where individual results will be returned to participants, researchers must
5248 develop appropriate procedures for communicating results in accordance with
5249 the participant’s preferences or instructions. These procedures should be
5250 clearly described in the researcher’s plan. This may include direct
5251 communication of results to the participant, or communication to a specified
5252 health-care provider or other party authorized to receive the information. As
5253 discussed below, provision of research results to individuals may give rise to a
5254 need for genetic counselling.

5255 Participants in genetic research should have an opportunity to express their
5256 preferences about disclosure of information to relatives or others, but these
5257 preferences are subject to the researcher’s duty to warn, as described in
5258 Article 13.4.

5259 **Article 13.4** Researchers may have an obligation to disclose information to biological
5260 relatives of the research participant in exceptional circumstances. This may
5261 include instances where genetic research reveals information about a serious
5262 or life-threatening condition that can be prevented or treated through
5263 intervention, even if the participant has expressed a preference against sharing
5264 information. Researchers should inform participants of this obligation in the
5265 plan for handling information.

5266 **Application** As discussed in Chapter 5 (“Privacy and Confidentiality”), researchers have
5267 important obligations to maintain confidentiality of information. In genetic
5268 research, however, situations may arise where researchers become aware that a
5269 third party may be at high risk of a serious or life-threatening condition that can
5270 be prevented or treated. In such exceptional circumstances, legal or ethical
5271 imperatives may require that researchers disclose information they have obtained
5272 in a research context. Researchers should explain this to participants during
5273 informed consent discussions.

5274 **C. Genetic Counselling**

5275 **Article 13.5** Where researchers plan to return results of genetic research to participants, the
5276 research protocol should make genetic counselling available at that time, where
5277 appropriate.

5278 **Application** Where the plan for handling information revealed in genetic research involves
5279 return of individual results to participants, genetic counselling may be required to
5280 explain the meaning and implications of the information. For example, genetic
5281 counselling can help explain the clinical significance of the information, whether
5282 health-care interventions or lifestyle changes are recommended, and implications
5283 of the information for biological relatives. Researchers should explain
5284 differences between genetic testing in a research context and testing in a clinical
5285 context. Clinical genetic testing may be needed to clarify or confirm results
5286 obtained in research. Where researchers disclose information to biological
5287 relatives or other family or group members, genetic counselling should be made
5288 available to them and the research participants. While the service provider need
5289 not necessarily be a genetic counsellor, he or she must have the experience or
5290 training to provide genetic counselling.

5291 **D. Genetic Research Involving Families**

5292 **Article 13.6** Where researchers seek to recruit members of a family to participate in
5293 genetic research, recruitment processes should be respectful of privacy and
5294 other personal interests of family members. In seeking consent from members
5295 of a family to participate in genetic research, researchers should ensure that
5296 consent from each individual is free and informed.

5297 **Application** Recruitment of members of a family may take place in various ways. A family
5298 group, such as parents and a child or several adult siblings, may all together
5299 receive an invitation to participate in genetic research. Alternately, researchers
5300 may ask an individual who has agreed to participate for permission to contact
5301 family members who will receive a subsequent invitation to participate.
5302 Family members may have conflicting views about participation in research,
5303 and some may have specific sensitivities or objections. Researchers should
5304 recognize the potential for conflict within families and be respectful of any
5305 known sensitivities. They should also ensure that consent from each
5306 individual is free and informed. Where researchers seek participation from
5307 children or other members of a family who may lack capacity to give consent,

5308 applicable principles in Chapter 3 (“Free and Informed Consent”) must be
5309 followed.

5310 In some situations, researchers may seek permission from an individual
5311 participant to contact family members. Where appropriate to respect privacy
5312 interests or known sensitivities, it may be preferable for the participant to
5313 make initial contact with the family member. Alternately, the participant may
5314 identify a third party who may be asked to make initial contact with the family
5315 member to provide them with information about the opportunity to participate
5316 in genetic research. An approach by someone in a position of authority over
5317 the family member may raise concerns about undue influence or
5318 manipulation. Refer to Chapter 3 (“Free and Informed Consent”) for further
5319 guidance in regard to voluntariness of consent.

5320 **E. Genetic Research Involving Communities**

5321 **Article 13.7** Where researchers intend to recruit participants for genetic research based on
5322 their membership in specific communities, it may be appropriate for
5323 researchers to consult with community leaders or representatives, in addition
5324 to seeking free and informed consent from individual participants. In these
5325 cases, researchers must provide details to the research ethics board about their
5326 proposed methods for seeking engagement or consultation.

5327 **Application** Some genetic research seeks to explore genetic variations within specific groups
5328 or communities. Such research may raise ethical concerns regarding
5329 stigmatization or exploitation of groups, as well as social disruption in
5330 communities, especially if individual members disagree about participation in
5331 research. Researchers may have an ethical obligation to seek the engagement of
5332 leaders or representatives of the community or to consult with community
5333 members about the proposed research. This duty will depend on factors such as
5334 the objectives of the proposed research (in particular, the extent to which
5335 membership in, or characteristics of, the community are a key aspect of the
5336 research), the potential benefits and harms of the research to the community, the
5337 nature of the community from which participants will be recruited, and the
5338 community’s organizational structure.

5339 Individuals within a community may have conflicting views about participation
5340 in research, including disagreements between leaders and members. Such
5341 conflicts may involve attempts by some to influence or coerce choices of others
5342 about whether to participate in research. Researchers should recognize the
5343 potential for conflict within groups and ensure that consent and consultation
5344 processes foster free and informed decisions by individual members of a
5345 community. Refer to Chapter 3 (“Free and Informed Consent”) for further
5346 guidance in regard to voluntariness of consent.

5347 Chapter 9 (“Research Involving Aboriginal Peoples”) articulates specific
5348 applications of the principles relevant to research involving Aboriginal peoples,
5349 which arise from historical examples of inappropriate treatment of Aboriginal

5350 peoples in research. Researchers who propose to conduct genetic research within
5351 Aboriginal communities or to use materials obtained from Aboriginal peoples
5352 and that have implications for Aboriginal peoples should refer to the detailed
5353 discussion in that chapter for further guidance.

5354 **F. Genetic Material Banks**

5355 **Article 13.8** (a) Researchers who propose research involving prospective collection and
5356 banking of genetic material must indicate in their research proposal, and
5357 inform potential research participants, how they plan to address the
5358 associated ethical issues, including confidentiality, privacy, storage, use of
5359 the data and results, withdrawal by the participant, and future contact of
5360 participants, families and groups.

5361 (b) Researchers who propose research involving secondary use of previously
5362 collected and banked genetic material must, likewise, indicate in their
5363 research proposal how they plan to address associated ethical issues.

5364 **Application** As discussed in Chapter 12 (“Human Tissue”), collection of human tissues and
5365 genetic material and their retention in biobanks provides an increasingly
5366 important research resource. Principles for research involving human tissue (see
5367 Chapter 12) apply to banking of genetic material. Section C (“Tissue Storage and
5368 Banking”) of Chapter 12 provides guidance for prospective creation of biobanks
5369 of genetic material, and Section D (“Secondary Use of Previously Collected
5370 Tissue”) addresses access to and use of previously collected genetic material.
5371 Researchers who intend to bank genetic material should inform participants of
5372 the potential for secondary use. Principles regarding secondary use set out in
5373 Chapter 5 (“Privacy and Confidentiality”) are also relevant.

5374 **G. Gene Transfer**

5375 Principles set out in Chapter 11 (“Clinical Trials”) apply to clinical trial research involving gene
5376 transfer. In the context of gene transfer research, researchers and REBs should pay careful
5377 attention to the need to assess safety, minimize risk, and avert therapeutic misconception.
5378 Researchers have obligations to share new information that may be relevant to continuing
5379 consent, and to follow up with participants to identify adverse events.

5380 **Article 13.9** Gene transfer research that involves alteration of human germline cells is
5381 governed by statute in Canada under the *Assisted Human Reproduction Act* and
5382 its regulations. Researchers must be aware of how these apply to their work.

5383 **Application** Gene alteration involves the transfer of genes into cells to induce an altered
5384 capacity of the cell. Viruses are commonly used vectors (carriers) to introduce
5385 the gene into the host genome. Gene alteration is irreversible: the cell and its
5386 descendants are forever altered and introduced changes cannot be removed. The
5387 possible use of germline alteration in the embryo implies changes that could be
5388 transmitted to future generations.

5389 In other research situations, the special circumstances of gene transfer must be
5390 explained to potential research participants (or authorized decision-makers)
5391 during the process of free and informed consent. This includes providing
5392 information about uncertain and potentially latent risks of gene transfer and any
5393 processes for long-term follow up of participants. Principles regarding inclusion
5394 in research (see Chapter 4 [“Inclusion in Research”]) should be followed where
5395 gene transfer research involves children or others who may lack capacity to
5396 consent for themselves.

5397 Scientific research in these areas – and associated ethical debate – is evolving
5398 rapidly, and researchers must be aware of current law and also be guided by the
5399 core principles of this Policy.

5400 **References**

- 5401 • The *HumGen* database provides a comprehensive source of literature, policies and laws
5402 regarding human genetics, including Canadian and international content.
5403 <http://www.humgen.umontreal.ca/int/> .