Canada in breach of ethical standards for clinical trials

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Those who conduct research have a duty to act in an ethical manner that does not exploit participants in research. Canada's Health Minister Rona Ambrose has recently breached paragraph 34 of the World Medical Association (WMA) Declaration of Helsinki, which states in its current version, "In advance of a clinical trial, sponsors, researchers and host country governments should make provisions for post-trial access for all participants who still need an intervention identified as beneficial in the trial. This information must also be disclosed to participants during the informed consent process."[1]

Current definitions of ethical conduct reflect the 10 principles of medical research listed in the verdict of the 1946–1947 Doctors Trial, which was one of the Nuremberg Trials in Germany, and included 23 physicians and administrators who were involved in human experiments in the concentration camps of Nazi Germany. Drawing on the 10 principles, the WMA first adopted the document "The Ethical Principles for Medical Research Involving Human Subjects" at its 18th general assembly in Helsinki, Finland, in 1964. "The Helsinki Declaration," as it is referred to today, has been updated and endorsed nine times at subsequent meetings of the WMA, most recently this year at the 64th general assembly in Fortaleza, Brazil.

Since its adoption in 2000, paragraph 34 has been controversial. It has been the basis for the argument that patients with HIV in clinical trials in poor countries deserve to have access to treatment post-trial. It seems a matter of natural justice that trial participants — who have been instrumental in assembling the evidence for the effectiveness of antiretroviral treatments — should not be left high and dry while the knowledge acquired is used to treat other patients in rich countries.

How is paragraph 34 relevant in Canada today? In 2011, researchers in British Columbia started the Study to Assess Longer-term Opioid Medication Effectiveness (SALOME) trial. The trial tests alternative treatments for people with chronic addiction to heroin who have not benefitted from methadone and other treatments. This trial is not a secretive, small-scale, backdoor attempt to gain access to illegal drugs. Rather, it is federally funded and peer reviewed through the Canadian Institutes of Health Research (CIHR), supported by the University of British Columbia (UBC) and Providence Health Care to the tune of $7.4 million and has over 200 patients enrolled. The trial builds on the North American Opiate Medication Initiative trial results, which suggest that injectable diacetylmorphine (heroin) is effective at reducing harm by decreasing illegal drug use and increasing retention in drug treatment programs.[2] The SALOME trial uses a factorial design that compares injectable hydromorphone with injectable diacetylmorphine in the first stage, and in the second stage, compares continued injection with oral replacement of the trial drugs.

The SALOME trial is ongoing, and each participant receives 12 months of active treatment. Roughly a quarter of the trial participants will finish the trial having been maintained on injectable heroin for 12 months. Knowing that injectable heroin is not a licensed drug for treating addiction in Canada (although it is in the United Kingdom and much of Europe), the researchers and the funding body, CIHR, should have ensured post-trial access to the trial treatment before the study began. When they became aware of their duty do to so, however, the investigators arranged for continued treatment through Health Canada's Special Access Program.

On Oct. 3, Health Minister Ambrose announced that there would no longer be post-trial access to diacetylmorphine and that those who had already received approval for continuation had three months to find an alternative treatment. The announcement swept aside the careful planning of UBC researchers, CIHR and Health Canada officials and left the "sponsors, researchers and host country government" in breach of the Helsinki Declaration.[3] Whatever we may think of people with chronic addiction to heroin, they are marginalized, vulnerable, have poor health and are often socioeconomically disadvantaged (the SALOME trial is being carried out in one of Canada's poorest areas). As research participants, they should be protected, not exploited. Whatever we may think of our government's prerogative to set policy and take a lead, its action broke an ethical obligation of two of its own federal bodies, CIHR and Health Canada.

The time to take a strong policy stance on injectable heroin and to say "no" to this research was before it was funded and before the first patient was enrolled. Having funded this study and approved post-trial access to treatment, the government should see this through. The special access provisions should continue for everyone in this trial who needs them.

References

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Competing interests: See www.cmaj.ca/site/misc/cmaj_staff.xhtml

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