The 2024 Declaration of Helsinki:
Taking Forward Bioethics and Human Rights
Co-organized by: The Brazilian Society of Bioethics;
International Federation of Associations of Pharmaceutical Physicians and Pharmaceutical Medicine (IFAPP);
August 5 and 26. 2023

Overview of the revision process of the 2024 Declaration of Helsinki: Part 2 - General descriptions and some highlights

My personal view, not from WMA side
Not representing any organisation

Chieko Kurihara

Specially-appointed Professor, Kanagawa Dental University

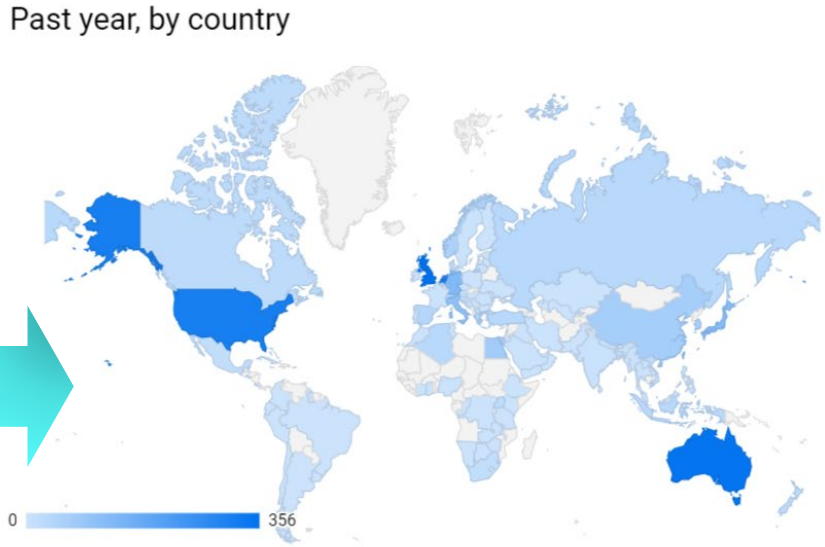
No conflict of interest related to this presentation.

Chieko Kurihara, Self-introduction

- Senior Researcher, National Institutes for Quantum Science and Technology (QST)
  Vice chair of Certified Review Board, QST
  Quality assurance (monitoring & audit) of medical research
- Specially-appointed Professor, Kanagawa Dental Univ.
- Medical journal editor “Clinical Evaluation”
- A member of:
  - Ethics Working Group, International Federation of Associations of Pharmaceutical Physicians & Pharmaceutical Medicine (IFAPP)
  - International Commission of Radiological Protection (ICRP)
    - Task Group 94 (Pub. 138: Ethical foundations of RP system: completed)
    - Task Group 109 (Ethics in RP for Diagnosis and Treatment)
    - Task Group 126 (Radiological Protection in Human Biomedical Research)

Contents

Ethical innovation for global health: pandemic, democracy and ethics in research. Springer; Nov. 2023.
http://cont.o.oo7.jp/sympo/eigh.html



	Country	Downloads
1.	United Kingdom	356
2.	Australia	348
3.	United States	316
4.	Netherlands	301
5.	Germany	129
6.	Japan	119
7.	Taiwan	116
8.	Italy	104
9.	Hong Kong	87
10.	Egypt	72

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2,700 downloads in 109 countries worldwide, during 8 months form publication (as of Jul 26)

NEXT: Publication within 2025

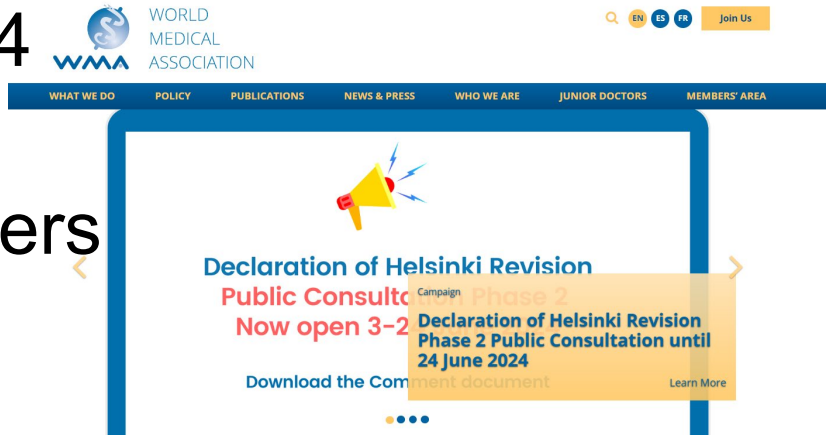
(Tentative title) The 2024 revision of the Declaration of Helsinki: A commitment to the highest ethical standards

World Medical Association (WMA) Declaration of Helsinki (DoH)

- First adopted in 1964
- Last amended in 2013 (9th amendment)
- Revision process started in 2022, adoption is planed for Oct 2024.
- 2 times public consultations
  - Phase 1: February 2024
  - Phase 2: June 2024

  IFAPP Ethics WG members

  Submitted 2 times



https://www.wma.net/what-we-do/medical-ethics/declaration-of-helsinki/public-consultation-on-a-draft-revised-version-of-the-declaration-of-helsinki-2/

WMA Regional Meetings

- December 9 – 11, 2022 Tel Aviv, Israel: **General** discussion
- February 24 – 25, 2023 Sao Paulo, Brazil: **Placebo**
- September 21 – 22, 2023 in Copenhagen, Denmark: **New clinical trial design**

◆ **IFAPP President Varvara Baroutsou invited**

- 30 November – 1 December 2023 in Tokyo, Japan: **Disaster** settings
- Jan 18, 19, 2024 Vatican City: Research in **resource-poor** settings

https://www.wma.net/events-post/wma-conference-on-the-revision-of-the-declaration-of-helsinki-research-in-resource-poor-settings/

Phase 1 Public Consultation: 13 January – 7 February

- Feb 18, 19, 2024 Johannesburg: **Vulnerability**

https://www.wma.net/events-post/wma-regional-meeting-in-africa-on-the-revision-of-the-declaration-of-helsinki/

- May 14, 15, 2024 Munich, Germany: Research with **vulnerable** people

https://www.wma.net/events-post/research-with-vulnerable-people-a-targeted-interdisciplinary-discussion-within-the-scope-of-the-wma-declaration-of-helsinki-revision/

Video-recordings including other events available

Phase 2 Public Consultation: 3 – 24 June

- August 15-16, 2024 Washington DC, US: **Advocacy and Communication**

https://www.wma.net/events-post/wma-declaration-of-helsinki-revision-advocacy-and-communication/

◆ **IFAPP Ethics WG Chieko Kurihara invited**

- October 16-19, 2024 Helsinki, Finland, WMA General Assembly: **Adoption**

Contents

Paragraph 1 Scope

- “1. …ethical principles for medical research involving human ~~**subjects**~~ **participants**, including on identifiable human material and research and data.”

WMA Phase 2 public comment document
https://www.wma.net/what-we-do/medical-ethics/declaration-of-helsinki/public-consultation-on-a-draft-revised-version-of-the-declaration-of-helsinki-2/

My personal opinions or My explanation, same hereafter

- This change applies throughout the document.
- Same as ICH GCP Renovation (E6 (R3) draft)

Paragraph 2 Scope of obliged persons

- (2013) "…addressed primarily to physicians. The WMA encourages others… to adopt these principles."
- (2024 draft) "all individuals, teams, and organizations involved in medical research"

WMA Phase 2 public comment document
https://www.wma.net/what-we-do/medical-ethics/declaration-of-helsinki/public-consultation-on-a-draft-revised-version-of-the-declaration-of-helsinki-2/

- The importance of a multidisciplinary team has been emphasised by the IFAPP.

Paragraph 7 Community engagement (New)

- "Since it takes place in the context of **various structural inequities**, researchers should carefully consider how the benefits, risks, and burdens of medical research are distributed."
- "**Meaningful engagement with potential and enrolled participants and their communities** should occur **before**, **during**, and **following** medical research involving human participants. Researchers should empower potential and enrolled participants and their communities to share their priorities and values; participate in study design, implementation, and other relevant activities; and engage in understanding and disseminating results."

WMA Phase 2 public comment document
https://www.wma.net/what-we-do/medical-ethics/declaration-of-helsinki/public-consultation-on-a-draft-revised-version-of-the-declaration-of-helsinki-2/

Paragraph 6～8 Purpose of research

- “7. The primary purposes … are to understand the causes, development and effects of diseases; and improve preventive, diagnostic and therapeutic interventions; and **ultimately to advance individual and public health**”.
- “These purposes can **never take precedence over the rights and interests of individual research participants**. “
- (New) “8. While new knowledge and interventions may be urgently needed during **public health emergencies**, it remains essential to **uphold the ethical principles in this Declaration** during such emergencies.”

WMA Phase 2 public comment document
https://www.wma.net/what-we-do/medical-ethics/declaration-of-helsinki/public-consultation-on-a-draft-revised-version-of-the-declaration-of-helsinki-2/

- “Social value” (CIOMS 2016) added in Phase 1 version was deleted in Phase 2 version, as below.

  “7. The primary purposes (of research are to understand …) and ultimately ~~provide social value by advancing~~ to advance individual and public health”

Paragraph 19 Vulnerability

- "19. Some individuals, groups, and communities experience more vulnerability as research participants due to factors that may be **fixed or contextual and dynamic**, and thus are at **greater risk of incurring harm**. When such individuals, groups, and communities have distinctive health needs, their **exclusion from medical research can potentially perpetuate or exacerbate their vulnerability and disparities**. In order to be responsibly included in research, those experiencing vulnerability should receive **specifically considered protections**."

WMA Phase 2 public comment document
https://www.wma.net/what-we-do/medical-ethics/declaration-of-helsinki/public-consultation-on-a-draft-revised-version-of-the-declaration-of-helsinki-2/

- Vulnerability changes according to context
- Previously protection was meant to exclude → Promote inclusion through enhanced protection (CIOMS 2016)

Paragraph 21 Scientific requirements

- "… research …must have a scientifically sound and rigorous design and execution that are likely to produce reliable, valid, and valuable knowledge and **avoid research waste**. "

WMA Phase 2 public comment document
https://www.wma.net/what-we-do/medical-ethics/declaration-of-helsinki/public-consultation-on-a-draft-revised-version-of-the-declaration-of-helsinki-2/

- Increased scientific rigor and the new term "research waste" included.
- No mention of "scientific misconduct

Paragraph 23 REC, strengthened

- "… committee … have the **independence** and authority to **resist undue influence** from the researcher, the sponsor, or others. The committee must have sufficient resources to fulfill its duties, and its members and staff must collectively have adequate **education**, **training**, **qualifications**, and **diversity** to effectively evaluate each type of research it reviews. "
- "It must have sufficient **familiarity with local circumstances** and context. "
- "When collaborative research is performed **internationally**, the research protocol must be approved by research ethics committees in **both the sponsoring and host countries**."

WMA Phase 2 public comment document
https://www.wma.net/what-we-do/medical-ethics/declaration-of-helsinki/public-consultation-on-a-draft-revised-version-of-the-declaration-of-helsinki-2/

Paragraph 25～32 Informed Consent

- “26.“… informed consent, formally documented on **paper** or **electronically**. …”
- “28. **…**participant who is incapable of giving informed consent, …considering any **preferences and values previously expressed** by the potential participant. “
- 32. Consent for health databases/biobank (next slide)

WMA Phase 2 public comment document
https://www.wma.net/what-we-do/medical-ethics/declaration-of-helsinki/public-consultation-on-a-draft-revised-version-of-the-declaration-of-helsinki-2/

Informed Consent

Paragraph 32 Informed consent for the collection, storage, secondary use of biological material and data

- "Physicians or other qualified researchers must obtain informed consent from research participants for the **collection, storage, and foreseeable secondary use** of biological material and identifiable (or re-identifiable) data. **Any collection and storage of data or biological material from research participants for multiple and indefinite uses should be consistent with requirements set forth in the Declaration of Taipei**, including the right of individuals to alter consent at any time or have material or data withdrawn from databases or biobanks, where possible. "

WMA Phase 2 public comment document
https://www.wma.net/what-we-do/medical-ethics/declaration-of-helsinki/public-consultation-on-a-draft-revised-version-of-the-declaration-of-helsinki-2/

- Governance framework of DoT is not easy:
  - Handling of incidental findings;
  - Intellectual property rights;
  - Material Transfer Agreement, etc.
- **Learn more about the DoT!**

Paragraph 33 Conditions of placebo study

Most controversial

When there is an intervention proven to be effective/safe

On what condition, placebo study can be permitted?

DoH (1964 first ver.) 1975-2000

Physician should provide

best-proven in the world

even in comparative study

Goal of research never precedent to patient interest/benefit (§ 8) :

- **Declaration of Geneva**
- **International Code of Medical Ethics**

ICH E10 2000

No additional risk of serious or irreversible harm

DoH 2002-now

When proven intervention exists, placebo can be permitted when **no additional risk of serious or irreversible harm**

CIOMS 2002, before 2016 revision

Utilitarian pragmatism

No change at this moment

CIOMS 2016

When proven intervention exists, placebo can be permitted when **minor increase above minimal risk**

Deontology, human rights

IFAPP members support this side

Paragraph 34 Post-trial access

Controversial since 2000

- **"Post-trial access":** ethical standard, first included in the 2000 version of the DoH, of ensuring that participants in a trial are provided with an intervention proven to be effective in that trial, at the completion.
- In the case of a placebo trial, the intervention shown to be effective would be made available to participants in the placebo arm.
- In any study design, a participant who still needs the study intervention at the end of the study should be provided with this intervention after the end of the study.
- Without post-trial access, the trial participants are being **exploited**.
- However, sometimes it is difficult for the sponsor to provide access because of the time gap before regulatory approval.

Post-Trial Provision

Paragraph 34 Post-trial access

Controversial since 2000

- Because of these difficulties, since 2004 "post-trial access" has become an item to be described in the protocol and informed consent, whether or not there is post-trial access.
- In the 2024 revision (draft), the requirements for "post-trial access" are strengthened, but there is an excuse: "Exceptions to these provisions must be approved by a research ethics committee".
- Argument of IFAPP members: (not official statement of IFAPP)

  Post-trial access should be available to:
  - Participants who still need the trial intervention
  - People in the trial host community
  - Those most in need worldwide

Kurihara C, Kerpel-Fronius S, Becker S, Chan A, Nagaty Y, Naseem S, Schenk J, Matsuyama K, Baroutsou V. Declaration of Helsinki: ethical norm in pursuit of common global goals. Front Med. 2024 Apr 2;11:1360653. doi: 10.3389/fmed.2024.1360653. PMID: 38628806; PMCID: PMC11019506

Thank you for your attention!

Hope that you visit these websites
to upload continuous discussions.

http://cont.o.oo7.jp/sympo/eigh.html

The 2024 Declaration of Helsinki
Taking Forward Bioethics and Human Rights.

Registration required, free of charge
https://forms.gle/hWcumg8WiVGJUoQU6

Monday, 5, 26, August 2024 Zoom webinar
Brazil 8:00-11:00; US Washington DC 7:00-10:00;
Japan 20:00-23:00; CET/South Africa 13:00-16:00

Registration for the second day (Aug 26) is still now open!

Video-recording of this and previous related webinars and publication information are available

Ethical Innovation for Global Health: Pandemic, Democracy and Ethics in Research