Distinguishing the Ethics of Clinical Research and Clinical Care

Rashelle B. Hayes

University of Massachusetts Medical School

Follow this and additional works at: https://escholarship.umassmed.edu/prevbeh_pp

Part of the Behavioral Disciplines and Activities Commons, Behavior and Behavior Mechanisms Commons, Bioethics and Medical Ethics Commons, Community Health and Preventive Medicine Commons, and the Preventive Medicine Commons

Repository Citation

This material is brought to you by eScholarship@UMMS. It has been accepted for inclusion in Preventive and Behavioral Medicine Publications by an authorized administrator of eScholarship@UMMS. For more information, please contact Lisa.Palmer@umassmed.edu.
State and Federal Advocacy Issues

The Legislative Committee is busy preparing for the upcoming legislative season. Here is what we are working on:

- **Our State Licensing Law:** We have just completed the Department of Health Hearings on the revised regulations from the 2008 licensing revision. They will soon be implemented. We are now preparing a new licensing update to address some current issues: The current draft seeks to:
  1. Allow the Board of Psychology to investigate and engage in disciplinary action anyone practicing psychology whether or not identified as a psychologist.
  2. Add language to the discipline section that will enable psychologists to be assisted by a peer review or assistance program approved by the Board. The language would allow the Board to refer a person who is the subject of a disciplinary complaint to the program for assessment and treatment. The Board would be able to enter into an agreement with a psychologist to participate in the program without having to come to a disciplinary finding. The Board would be able to dismiss or suspend a complaint if the psychologist complies and completes the program successfully. The Board would be able to reinstate the complaint if the psychologist was not compliant with the agreement.
  3. Clarify the Temporary Permit section to allow post-docs to get permits before they take the EPPP (so they will have completed all requirements but the EPPP and the second year of supervision) and allow people in post-doctoral programs with temporary permits to use the title “psychology resident.”

When the bill is passed we will again update the regulations to be in compliance with the law. We hope the staffing situation at the Department of Health will enable us to do this promptly this time. In the regulations update we will also seek to clarify the requirements for supervision and training experiences.

- **Mandated Insurance Benefits for Autistic Spectrum Disorders:** At the request of the psychologists at the Developmental Disabilities Services at Bradley Hospital, we are working with them on a bill that would mandate home based treatment services for kids with pervasive developmental disabilities from private insurance companies.

- **Ethics Corner:** Distinguishing the Ethics of Clinical Research and Clinical Care

Clinical research is vital to clinical care. These days, more research is conducted by clinicians in more organizations and across many disciplines. This makes it difficult for the clinician to understand how clinical research differs from clinical care. Additionally, roles and obligations of a clinician versus clinical researcher may unintentionally blur in research settings. Clarifying these differences for the clinician-researcher as well as for the patient may help to reduce ethical concerns when conducting research.

So, what are the differences? In clinical care, the primary goal is to promote the well-being of the individual patient. That is, treatment and assessment is tailored to the individual. Ethically, the potential benefits of therapeutic care prescribed to the patient must outweigh the risks posed to them. On the other hand, the goals of clinical research are to produce generalizable scientific knowledge that will improve clinical care for future patients and for society. Thus, in clinical research an individual patient receives treatment based on the scientific design of a research protocol and not on individualized care. The care is standardized and may not be the most optimal care that a patient could receive. In fact, unethical procedures that are part of a study protocol, may pose some risk to patients without providing individual benefits. However, federal regulations allow institutions to conduct a study that we find inappropriate. In other words, the research is not protective of the patient, that is, the research does not minimize risks, maximizes potential benefits, and presents the value of advanced knowledge for society that outweighs the risks.

These ethical conflicts are common and unacceptable. While there are several ways for the clinician to reduce the ethical concerns, the clinician-researcher may unintentionally blur in research settings. Clarifying these differences for the clinician-researcher as well as for the patient may help to reduce ethical concerns when conducting research.

References


Got a question about ethics in your professional work, whether clinical or research? Contact the RIPA Ethics Committee for assistance from a committee of your fellow psychologists.

Contact Lisa Rocco, Ph.D. or Deanna Voisine, Ph.D. at lrocchio@cox.net or deannavoisine@verizon.net, respectively.