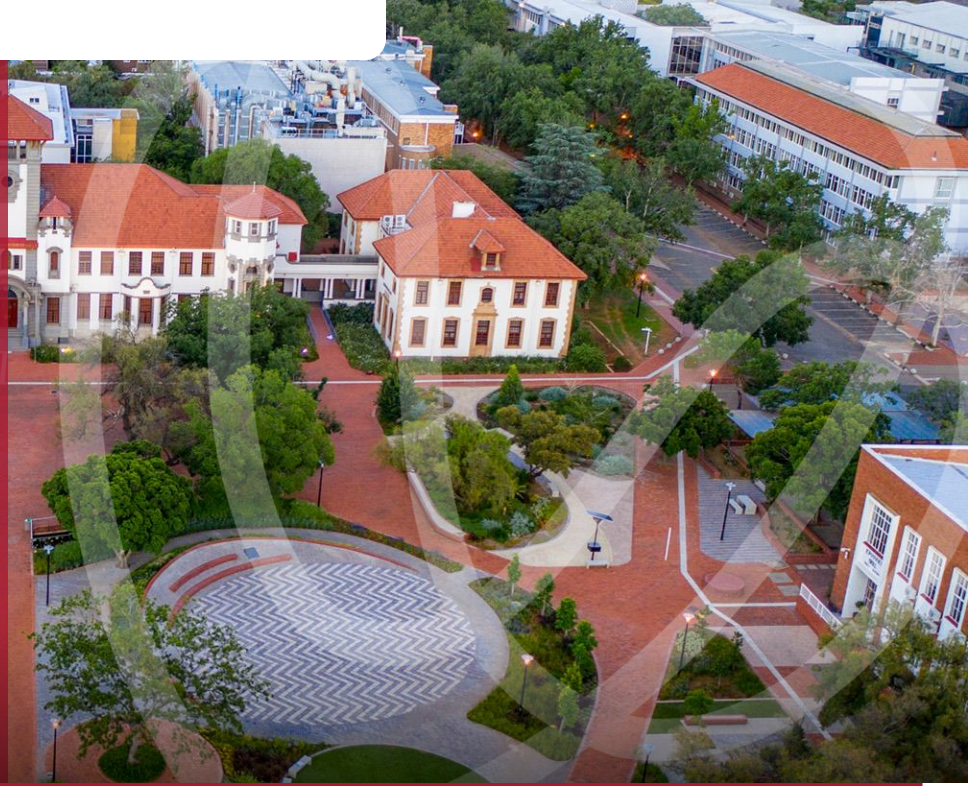
NORMS AND OPERATIONAL PROCESSES FOR ETHICS REVIEW



2024 Third Edition
Chapter Three

T: +27 51 401 9111 | E: info@ufs.ac.za | **www.ufs.ac.za**

Inspiring excellence, transforming lives through quality, impact, and care.

VISION 130 Renew and Reimagine for 2034

UNIVERSITY OF THE FREE STATE
UNIVERSITEIT VAN DIE VRYSTAAT
YUNIVESITHI YA FREISTATA
UFS

Introduction

Chapter 3 of the document outlines the norms and operational processes that research ethics committees (RECs) must follow when reviewing research protocols.

This chapter is essential for researchers, funders, and potential participants to understand the ethical framework guiding health research. It emphasises the importance of ethical decision-making, participant protection, and adherence to established guidelines.

1. Ethical basis for decision-making

- Scientific design, aims, and objectives
- Inclusion and exclusion criteria
- Selection of study population and sampling
- Community and stakeholder engagement
- Recruitment and enrolment
- Research procedures
- Risk of harm and likelihood of benefit
- Reimbursements
- Privacy and confidentiality
- Obtaining informed consent

Scientific design, aims, and objectives:

- Ethical implications of the methodology and design must be reviewed objectively and independently.
- Scientific review should precede ethics review to foster transparency and avoid duplication of work.
- Assessments should ensure that the methodology is sound, feasible, and aligns with disciplinary standards.

Inclusion and exclusion criteria:

- Selection of participants must be appropriate to the research question.
- Justification for the planned number of participants and clear rationale for inclusion and exclusion criteria.
- Ethical implications of inclusion and exclusion criteria must be considered.

Selection of study population and sampling:

- Ensure that no group bears more than its fair share of the research burden or is deprived of the opportunity to participate.
- Assess whether the study population will benefit from the research.

Community and stakeholder engagement:

- Engage with community members and stakeholders to ensure respect and positive reception of the research.
- Differentiate between 'stakeholder' and 'community' and tailor engagement strategies accordingly.
- Plan for inclusive, sustained, and context-responsive engagement throughout the study life cycle.

Recruitment and enrolment:

- Describe recruitment strategies, anticipated risks, and potential benefits.
- Ensure that recruitment methods avoid selection bias and protect privacy and confidentiality.
- Address potential undue influence or therapeutic misconception in dependent relationships.

Research procedures:

- Clearly describe the planned research procedures and distinguish between standard care and research-specific procedures.
- Provide detailed plans for emergent methodologies and phased research.
- Ensure that research does not disrupt routine practices at research sites.

Risk of harm and likelihood of benefit:

- The risk-benefit ratio should be favourable, with benefits outweighing the risks.
- Identify, evaluate, and describe potential harms and benefits.
- Provide counselling and support services if emotional distress is likely.

Reimbursements and inducements for participants:

- Reimburse participants for expenses incurred and compensate for time and inconvenience.
- Ensure that inducements do not unfairly influence informed choices or undermine the ability to assess risk.

Participants' interests in privacy and confidentiality:

- Participants have a constitutionally protected right to privacy.
- Researchers must protect personal information and prevent unauthorised disclosure.
- Confidentiality measures should be in place during and after the research period.

1. The Protection of Personal Information Act (POPIA)
- POPIA provides guidance on processing personal information, balancing privacy with public interest.
- Consent to process personal information must be voluntary, specific, and informed.
- Special attention should be given to protecting electronically stored data from unauthorised access.

2. Anonymity and confidentiality
- Identifying information should not be collected unless it is essential.
- Various methods exist to prevent identification, including anonymised, coded, and de-identified data.
- Researchers should consider the ethical implications of each method.

3. Participant-initiated waiver of anonymity
- Participants may request to be publicly identified and acknowledged.
- Such requests should be respected, considering ethical and legal implications.
- Protection of the group should take precedence if not all participants agree to be identified.

Obtaining informed consent for research with human participants

- Informed consent is based on respect and autonomy, allowing voluntary participation based on adequate information.
- The process involves providing necessary information and engaging with participants before they choose to participate.
- The quality of information and the setting of the consent process are crucial to minimising undue influence.

Waiver of informed consent

- A waiver allows research to proceed without prior informed consent under specific conditions.
- This can be justified if obtaining consent is impracticable and the rights infringement is minimal.
- The REC must assess the level of risk associated with the waiver.

Formats of consent

- Written consent is generally required, but verbal or electronic consent may be approved if justified.
- Electronic consent methods include telephonic recruitment, electronic signatures, and virtual platforms.
- Proxy consent is allowed for incapacitated participants under specific legal conditions.
- Deferred consent is used when a participant temporarily loses decision-making capacity but is expected to regain it.
- Consent for postmortem research following natural death requires prior consent from the deceased or a proxy, or is permitted if necessary to determine the cause of death, with explicit written authority from the medical practitioner in charge.

2. Vulnerability and incapacity

Definition of vulnerability

•Vulnerability arises due to limited decision-making capacity or restricted access to social goods (e.g., health care, education, social support).

•Vulnerability can be situational and varies with context and time.

•Certain groups (e.g., minors, the elderly, mentally impaired individuals) are at higher risk.

Legal vs. factual incapacity

Legal incapacity applies to minors (<18 years) who require parental or guardian assistance for significant decisions.

Factual incapacity refers to an individual's inability to understand or process information due to brain damage, aging, or mental health conditions.

An adult cannot be assumed to be incapable unless a factual assessment confirms incapacity.

Vulnerable populations in research

Historically vulnerable groups include

- **children and adolescents** (due to legal incapacity and developmental immaturity);
- **elderly individuals** (who may experience cognitive decline and dependency);
- **students and women** (who may be subject to coercion or undue influence);
- **inmates and individuals in dependent relationships** (e.g., employer-employee, patient-caregiver); and
- **people with disabilities** (who may struggle with decision-making or communication).

Contextual vulnerability

Factors increasing vulnerability:

Mental or intellectual impairments.	Acute illness, pregnancy, or aging.	Low literacy or restricted health-care access.

South Africa has many vulnerable communities; research must address their needs rather than exploiting accessibility.

Ethical considerations for research ethics committees (RECs)

RECs must assess the following:

- **Justification for involving vulnerable populations** (making sure that the study cannot be conducted with less vulnerable groups).
- **Relevance to the community** (making sure that the research benefits the targeted group).
- **Informed consent procedures** (considering language, comprehension, and autonomy).

Protective measures for vulnerable participants

Additional safeguards may be required, such as

- strengthening informed consent processes;
- increased monitoring and interim reporting; and
- reviewing protective measures post-recruitment.

If compliance with safeguards is poor, RECs may **suspend or withdraw** study approval.

Categories of vulnerable participants

Minors (Children and Adolescents) – Legally incapable of consent, requiring parental/guardian involvement.

Women – Historically disadvantaged; must not be excluded without justification.

Adults with Incapacity – Can only participate if their involvement is essential to the study.

Persons in Dependent Relationships – Require special precautions to ensure voluntariness.

Patients Dependent on Medical Care – Their ability to refuse participation must be safeguarded.

Persons with Sensory/Mobility Impairments – Researchers must mitigate potential barriers.

Inmates – Research must not exploit incarceration-related power imbalances.

Collectivities (Cultural/Indigenous Groups) – Research must involve culturally appropriate engagement and consent.

3. Considerations specific to research methodologies or contexts

- Social science research
- Major incidents and research
- Intensive care research
- Terminal care research
- Innovative therapy or interventions
- Traditional medicines and indigenous knowledge research
- Deception, concealment, or covert data collection
- Multinational collaborative projects
- Research using audio-visual recording
- Complementary medicine and natural health products

Social science research

- Social science research includes **both qualitative and quantitative methodologies** and differs significantly from laboratory and clinical research.
- Ethical review processes should be tailored to social science methods rather than applying **rigid biomedical frameworks**.
- **Transdisciplinary research** often incorporates qualitative methods to address complex societal problems.
- **Mixed-method designs** are becoming increasingly popular for answering research questions.
- Research ethics committees (RECs) must **familiarise themselves with qualitative methodologies** to competently review protocols.
- If a research protocol includes qualitative methods, at least **one team member should have expertise in qualitative research**.

Nature of qualitative research

The goals of qualitative research vary widely across disciplines, but often include

- giving voice to marginalised groups;
- critiquing power structures and social systems;
- driving social change; and
- exploring understudied phenomena to develop new theories.

Qualitative research aims to understand how people think, act, and behave in different social contexts.

Knowledge is socially constructed, meaning that individual, organisational, and community interactions are shaped by their specific social settings.

The researcher's perspective plays a role in knowledge construction as they act as observers, participants, and analysts.

Qualitative research uses specific criteria to assess rigour and trustworthiness, analogous to reliability and validity in quantitative research.

Methodological approaches and requirements

Diversity of approaches

- Common **qualitative research methodologies** include
  - **participatory action research;**
  - **oral history;**
  - **case studies;**
  - **phenomenology;**
  - **narrative enquiry;**
  - **grounded theory;**
  - **ethnography; and**
  - **discourse analysis.**

Inductive understanding

- Qualitative research **begins with an inductive approach**, where understanding is built from participants' perspectives before formal analysis.

Dynamic, negotiated, and continuous consent process

- Negotiation with participants may be required to gain access to study settings.
- Unlike quantitative research, where the study design is clear from the outset, qualitative research evolves over time.
- Power dynamics vary in qualitative research

- In collaborative research, participants may co-design the study with researchers.
- In some settings, researchers may have greater authority, for example when working with institutions such as law enforcement or corporations.

Dynamic, reflective, and continuous research process

- Research methods, questions, and data collection techniques may change throughout the study.
- Researchers must remain flexible and reflective to ensure rigour, credibility, and trustworthiness.
- Ethical concerns or unanticipated risks must be communicated promptly to RECs.

Approach to ethics review of qualitative research

Qualitative research follows different assumptions than clinical or quantitative studies, requiring adapted ethical oversight.

Ethical principles outlined in Chapter 2 (Guiding Principles for Ethical Research) still apply to qualitative research.

Researchers may refer to discipline-specific ethical norms, but adherence to national research ethics guidelines is also required.

RECs should evaluate the following:

- The predictability of research processes and how researchers will manage ethical concerns as they arise.
- Adjustments needed for qualitative methodologies, such as flexible consent processes.
- The anticipated research design – unlike biomedical research, qualitative research often lacks fixed hypotheses and predefined outcomes.

Ethnographic research, for example, presents unique challenges:

- Long-term fieldwork and evolving research focus.
- Power dynamics between researchers and participants.
- Research in semi-public or public spaces, where traditional consent methods may not apply.
- Ethical review should consider how researchers handle sensitive data, disclosures, and participant confidentiality.

Major incidents and research

- **Introduction**
- Research during major incidents is crucial for **improving emergency health care**, developing **effective treatments**, and refining **resource allocation policies**.
- However, researchers must avoid assuming that **all individuals affected by emergencies** should automatically be enrolled in research.
- Ethical challenges include
  - patients who are **incapacitated or in severe pain;**
  - time-sensitive interventions without available **proxy decision-makers;** and
  - **under-resourced settings** with limited medical infrastructure.
- Expediency is **not an ethical principle –** strict **ethical and regulatory standards** must still apply, even in emergencies.

RESEARCH DURING A PUBLIC HEALTH EMERGENCY

A. Rapidity required for administrative processes

- Public health emergencies demand swift yet thorough ethics review and research initiation.
- Research ethics committees (RECs) and administrators must accelerate standard processes while maintaining ethical rigour.
- Not all research during a crisis is urgent; clear communication between researchers and RECs is necessary to prioritise essential studies.
- Rapid review should not compromise ethical integrity and should be applicable in smaller-scale emergencies when well justified.

B. Preliminary considerations

Necessity for Research Participation: Patients should not be enrolled in trials unless uncertainty exists regarding the benefit of an intervention. Proven beneficial treatments should be provided as standard care rather than studied in a trial.

Diversion of Resources: Research should not interfere with emergency medical responses or compromise routine health-care services.

Misconception: Patients must be clearly informed that research is not primarily designed for their individual benefit, but to generate generalisable knowledge.

Conflict of Interest: Researchers must separate their dual roles as clinicians and investigators to prevent bias and ensure ethical research conduct. Financial and political motivations must be disclosed and managed.

C. Public health principles

Research during public health emergencies should align with social justice, equity, and reciprocity.

The ubuntu philosophy emphasises community well-being over individual competition, encouraging collaboration and data sharing.

Ethical research should focus on collective benefit rather than profit-driven or politically motivated agendas.

D. Novel virus considerations

Research on emerging infectious diseases requires strict ethical adherence and evidence-based methodologies.

The standard of care in a rapidly evolving emergency is defined as the best available treatment at the time.

Continuous reassessment of scientific and clinical data is essential to ensure ethical and effective interventions.

E. Ethical principles vs. regulatory requirements

Ethical principles remain constant, while regulatory and procedural guidelines may need to adapt to emerging knowledge.

Ethical research must maintain high standards despite pressure to fast-track studies.

Careful documentation of decision-making processes is essential to ensure accountability and future learning.

Rapid ethics review

1. Necessity for rapid review:
- In a public health emergency, research must be reviewed quickly while maintaining ethical integrity.
- Ethics review applications should be processed rapidly yet thoroughly to ensure scientific and ethical rigour.
- RECs should determine whether a study qualifies for expedited review (for minimal risk research) or requires a full REC review (for more than minimal risk or clinical trials).

2. Timelines for review:
- Even for full REC reviews, an approval process within 36-48 hours is feasible if operational systems are functioning efficiently.
- Between scheduled REC meetings, urgent ethics applications can still be processed, provided that quorum requirements are met.

3. Reciprocal recognition of review decisions:
- All registered RECs undergo audits and adhere to robust registration processes.
- In emergencies, RECs should consider reciprocal recognition of ethics approvals from other accredited RECs to streamline decision-making.
- Proper standard operating procedures (SOPs) should be in place to ensure rapid yet high-quality ethics reviews across institutions.

4. Distinction between rapid and expedited review:
- Rapid review refers to an urgent ethics review process without compromising ethical standards.
- Expedited review applies only to studies deemed minimal risk and follows a distinct procedural pathway.

Information sharing

Research findings during public health emergencies should be shared quickly to inform public health decisions.

Despite urgency, researchers must protect confidentiality and avoid premature conclusions from incomplete data.

Layperson-friendly translations should be prioritised to ensure that the media conveys accurate information to the public.

Stakeholder engagement

Ethical research requires fair and inclusive stakeholder engagement.

Decision-making should involve policy makers, health officials, and vulnerable communities to maintain ethical transparency.

The use of virtual engagement platforms must consider accessibility challenges in low-resource settings.

Intensive care research

1. Challenges in communication
- Patients in intensive care often experience impaired cognition due to ventilation or sedation.
- This creates difficulties in obtaining informed consent, requiring alternative consent approaches.

2. Informed consent considerations
- Whenever possible, informed consent should be obtained before admission to intensive care.
- If pre-admission consent is not feasible, alternative formats of consent must be considered while upholding patient rights.

3. Research on neonatal intensive care patients
- Research on infants in neonatal intensive care units (NICUs) must adhere to ethical principles for minors.
- The best interest of the child is the primary concern, restricting research that may pose risks.
- Interventions beyond minimal intrusion (e.g., additional blood samples or handling) require careful justification.
- Ethics applications should include input from neonatal intensive care specialists to ensure risk-benefit alignment.

Terminal care research

Unique characteristics:

- Terminal care research involves participants with a short remaining life expectancy. These individuals may be vulnerable to unrealistic expectations of benefits from participation in research.

Ethical considerations:

- Due to their extreme vulnerability, terminally ill patients should not be included in research that is more than minimally invasive, unless there is a strong justification for it.

Risk-benefit analysis:

- Researchers must not overstate the prospect of direct benefits from participation. The justification for including terminally ill patients must not allow harm to exceed that involved in their current treatment.

Respect for participants' wishes:

- Research should not interfere with the personal wishes of terminally ill individuals, especially their desire to spend meaningful time with their families.

Traditional medicines and indigenous knowledge research

- Traditional medicine research must respect cultural and language rights, aligning with the Traditional Health Practitioners Act 22 of 2007.
- Participants in research involving traditional medicines should receive the same ethical considerations as other human research participants.
- The context of the research is crucial in determining how and when traditional values and cultural expressions should be incorporated.
- Toxicology tests must be performed on substances to be used in research, ensuring participant safety.
- The requirement for randomised controlled trials may not always be appropriate for indigenous treatments, but ethical review committees must carefully evaluate the methodology on a case-by-case basis.

Traditional medicines research:

Indigenous knowledge research

Indigenous knowledge is considered a national asset under the Protection, Promotion, Development and Management of Indigenous Knowledge Act 6 of 2019.

Research involving indigenous knowledge must ensure fair treatment of indigenous knowledge holders and communities.

Ubuntu values such as reciprocity, community welfare, and social justice should be prioritised over individual interests.

Intellectual property concerns related to South African medicinal plants must be carefully managed, considering multiple government departments and international frameworks.

Prior ethics review is essential to ensure compliance with national health research standards.

Complementary and alternative medicines (CAMS) research

Overview	Regulatory guidance	Key ethical considerations
• CAMS in South Africa includes herbal medicine (phytotherapy), naturopathy, Chinese medicine, acupuncture, Unani Tibb medicine, and Ayurvedic medicine. • Research in these areas is conducted by both practitioners and students, with some tertiary institutions offering formal qualifications in these disciplines.	• The National Health Research Ethics Council (NHREC) does not provide specific guidelines for CAMS research, as it falls outside its current regulatory scope. • However, according to the South African Good Clinical Practice (SA GCP) 2020 guidelines and the National Department of Health (NDoH) 2024, clinical trials involving CAMS must adhere to the same ethical standards as other clinical trials. This includes trials for non-pharmacological interventions such as surgical procedures, medical devices, cell therapy, genetics, and imaging technology.	• Researchers must ensure that all CAMS-related clinical trials follow the same ethical review processes, including protocol submission to a registered research ethics committee (REC). • There is no special exemption for CAMS; randomised controlled trials (RCTs) and other scientific methodologies are required, unless a specific methodological justification is provided.

Research involving deception or withholding information

Withholding information and consent

- In some research studies, participants are not fully informed of the study's purpose during the consent process in order to maintain research validity.
- Participants may be asked to consent to remain uninformed until the study concludes. Once the study is completed, the omitted information is disclosed.
- In cases where participants are unaware that information has been withheld, explicit approval from the research ethics committee (REC) is mandatory.

Active deception and ethical review

- Active deception (e.g., misleading participants) is more controversial than withholding certain information.
- Deception is prohibited if it conceals risks beyond minimal harm.

The REC must approve deception only if

- no alternative research method can achieve the same outcomes;
- the research has the potential for significant advancement of knowledge; and
- withholding information would not cause a reasonable person to refuse participation.

Participants must be debriefed after the study and given the option to withdraw their data if they disapprove of the deception.

Research in South Africa with international collaborators

1. Ethics review and approval:

- All international collaborative health research must undergo ethics review and approval by a South African registered research ethics committee (REC).
- Proposed projects must comply with South African ethico-legal standards and the SA Good Clinical Practice (GCP) 2020 guidelines.
- International collaborators must provide proof of ethics approval from their home institutions if they are affiliated with foreign universities or research entities.

2. Sensitivity to local context:

- International researchers should demonstrate awareness of local socio-economic and political contexts, which may expose participant vulnerabilities.
- Partnerships should address local needs and priorities, promoting equitable benefit sharing and ensuring community involvement.

3. Memoranda of understanding (MOUs) and agreements:

- MOUs should define
  - the roles and contributions of each collaborating party;
  - data management plans, including storage and post-study handling;
  - financial arrangements and research output publications; and
  - intellectual property rights (IPR) allocation and dispute resolution mechanisms.

Research that includes audio-visual recording

Purpose and use of recordings	Informed consent requirements	Privacy and ethical concerns	Special considerations for children
• Researchers may use audio-visual recordings for various purposes, such as capturing interactions (e.g., children and caregivers) or documenting procedures (e.g., facial images for dental research). • Recordings may be used solely as raw research data or for future training materials or conference presentations.	• Specific informed consent is required if recordings are intended for uses beyond research (e.g., posters or training materials). • When recording children, it is typically not sufficient for a caregiver to consent, unless they are the primary caregiver. For example, daycare providers cannot consent on behalf of parents.	• There are significant concerns regarding **privacy invasion** and **potential harm** from publishing recordings. • Before rejecting a proposal, **research ethics committees (RECs)** should evaluate • the **necessity of recordings** for the research; and • **community opinions** regarding the public display of images (e.g., at conferences or in training materials).	• The use of **images of children** requires **heightened scrutiny**, and **RECs should carefully assess the ethical implications** before granting approval.

Conclusion

The chapter highlights the importance of:

Context-sensitive ethical review, especially for vulnerable populations such as those in terminal care, intensive care, or research involving deception.

Informed consent as a cornerstone of ethical research, with adaptations for special contexts such as audio-visual recordings and digital platforms.

Collaborative research standards, ensuring that both local and international partners comply with South African ethical guidelines.

Cultural respect in traditional medicines and indigenous knowledge research, promoting equitable benefit sharing and acknowledging indigenous contributions.

Consistency in ethical standards, extending from complementary and alternative medicine (CAMS) research to clinical trials and public health emergencies.

National Health Research Ethics Council (2024). South African Ethics in Health Research Guidelines: Principles, Processes and Structures, 2024, 3rd ed. National Department of Health of the Republic of South Africa. Pretoria: NDoH. Available from: https://www.health.gov.za/nhrec-home/