



Post-Trial Obligations in the Declaration of Helsinki 2013, 1st Revision

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Post-trial obligations in Declaration of Helsinki 2013

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WMA Declaration of Helsinki (DoH)



- Last version October 19th, 2013
- Previous versions no longer valid

Declaration of Helsinki (DoH) 2008

- Paragraph 33. At the conclusion of the study, patients entered into the study are entitled to be informed about the outcome of the study and to share any benefits that result from it, for example, access to interventions identified as beneficial in the study or to other appropriate care or benefits.





Not valid version. Only for historical purposes

Declaration of Helsinki (DoH) 2008

- Paragraph 33. At the conclusion of the study, patients entered into the study are entitled to be informed about the outcome of the study and to share any benefits that result from it, for example, access to interventions identified as beneficial in the study or to other appropriate care or benefits.

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Post-trial access obligations to individual research participants

DoH	1. Care after research		2. Other appropriate benefits	3. Relevant information after research	“Strength” of text (Macklin 2012:8-9)
	1.1. Study intervention	1.2. Other appropriate care			
2008					(weak)
Para. 33	“access to interventions identified as beneficial in the study”	“access to [...] <u>other appropriate care</u> or benefits ”	“access to [...] <u>other appropriate care</u> or benefits ”	“be informed about the outcome of the study”	“patients entered into the study are entitled to (3) and to share any benefits that result from it, <u>for example</u> , (1.1., 1.2. or 2)”

Declaration of Helsinki 2013

- Informed consent. 26. [...] All medical research subjects should be given the option of being informed about the **general outcome and results of the study.**
 - Post-trial results?
 - Future genomic incidental findings (Holzer 2015)
 - Adverse events (Sofaer 2009)

Only valid version

3. Relevant information after research



“Our cars get recalled’, noted one participant with experience in five trials. ‘[...] a year down the road we found out, oh, by the way, these [Vioxx] might kill you. Hey, maybe we ought to call them and let them know!’” (Sofaer et al. 2009)

¿Access to relevant information?

- “[...] these people took our drugs for us to see what was going on, and a year down the road we found out, oh, by the way, these might kill you. Hey, maybe we ought to call them and let them know!”. (Sofaer et al. 2009)
 - Participant complains of learning about Vioxx[®] adverse effects only from the media (Sofaer et al. 2009)
 - Other relevant information? Post-trial access to Incidental findings in genomic research? (Holzer 2015)

3. Relevant information after research

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★★★★★ 99 65

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The iterative informed consent model

Felicitas Holzer

Keywords: *Genetic Counselling, Informed Consent, Whole Genome Sequencing*

DOI: [10.17160/josha.2.4.45](https://doi.org/10.17160/josha.2.4.45)

Declaration of Helsinki (DoH) 2013

- Post-Trial Provisions. 34. 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.





Only valid version

Declaration of Helsinki (DoH) 2013

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Only valid version

Post-trial access obligations to individual research participants

DoH	1. Care after research		2. Other appropriate benefits	3. Relevant information after research	“Strength” of text (Macklin 2012:8-9)
	1.1. Study intervention	1.2. Other appropriate care			
2013					 (strong)
Para. 34 & 26	“...post-trial access for all participants who still need an intervention identified as beneficial in the trial” (para. 34)	---	---	“...research subjects should be given the option of being informed about the general outcome and results of the study” (para. 26)	In advance of a clinical trial, sponsors, researchers and host country governments <u>should make provisions</u> for post-trial access (para. 34)

Comparing DoH 2008 vs 2013

Post-trial access obligations to individual research participants

DoH	1. Care after research		2. Other appropriate benefits	3. Relevant information after research	“Strength” of text (Macklin 2012:8-9)
	1.1. Study intervention	1.2. Other appropriate care			
2008					 (weak)
2013					 (strong)

😊 Positive aspects of DoH 2013

1. Reference to “other benefits” removed
 - It was a blank check (Mastroleo 2014)
2. Responsible agents identified
 - Open-ended list? (Mastroleo 2015)
3. Post-trial tied to participants health needs
4. Disclosure of post-trial plans in informed consent process
 - “This [pot-trial access] information must also be disclosed to participants during the informed consent process” (WMA 2013, para. 34, edited)

☹ Negative aspects of DoH 2013

1. The term “access to other appropriate care” was removed
 - More research needed on implementation (Mastroleo 2015)
2. Limitation of access to relevant information after research to “general outcome and results”
 - Why? (Sofaer 2009, Mastroleo 2015)

☹️ Other aspects of DoH 2013

1. Problems on access to relevant information after research

- The reference is hidden in #26
- In draft version of DoH 2013 was part of Post-trial provisions #34

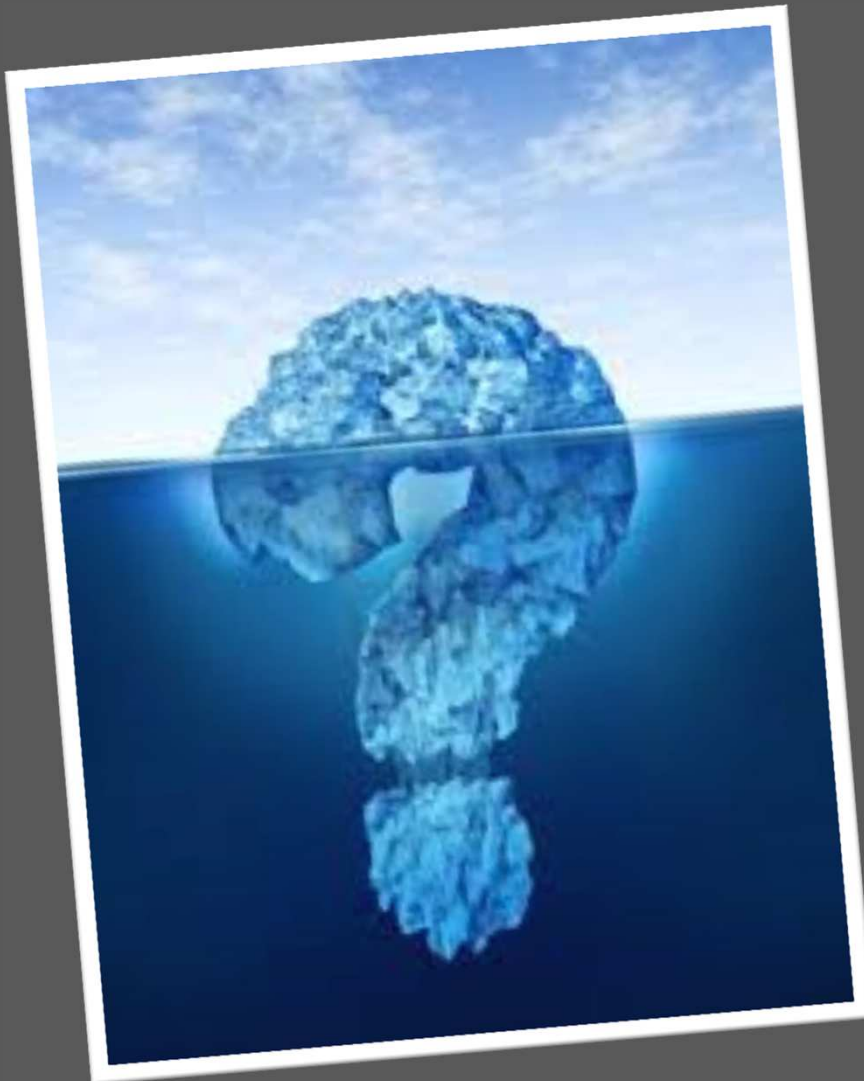
Consensus on post-trial responsibility (PTR)

- Responsible transition
 - Responsibility towards participants does not end when trials end
- Joint responsibility
 - PTR shared by different agents in different stages
- On the rest “we agree to disagree”
 - No clear consensus on PTR identification and assignment to agents
 - Who owes what to whom and why? (Millum 2011)

Remaining concerns

- Undue inducement? False hopes?
- Golden hand-cuffs?
 - Not a concern when protections are in place (Grady 2005).
 - Concern when trials are poorly reviewed (Mastroleo 2015)
- Proper regulation and implementation of post trial obligations?

Post-trial ethics?



Vielen Dank!



Milstein and Kohler (1984)

References

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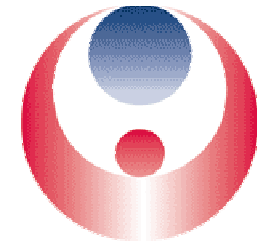


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APENDIX

Post-trial access obligations to individual research participants

DoH	1. Care after research		2. Other appropriate benefits	3. Relevant information after research	"Strength" of text (Macklin 2012)
	1.1. Study intervention	1.2. Other appropriate care			
1964-1996					
2000-2002					
2004					
2008					
2013					

Post-trial access obligations to individual research participants

DoH	1. Care after research		2. Other appropriate benefits	3. Relevant information after research	“Strength” of text (Macklin 2012)
	1.1. Study intervention	1.2. Other appropriate care			
1964-1996	X	X	X	X	
2000-2002	#30	X	X	X	
2004	#30 +note	#note	X	X	
2008	#33	#33	#33	#33	
2013	#34	X	X	#26	

Declaration of Helsinki 2000

- Paragraph 30. At the conclusion of the study, every patient entered into the study should be assured of **access to the best proven prophylactic, diagnostic and therapeutic methods** identified by the study.

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Declaration of Helsinki 2004

- Note of clarification on paragraph 30 of the WMA Declaration of Helsinki [2000]. The WMA hereby reaffirms its position that it is necessary during the study planning process to **identify post-trial access by study participants to prophylactic, diagnostic and therapeutic procedures identified as beneficial in the study or access to other appropriate care**. Post-trial access arrangements or other care must be described in the study protocol so the ethical review committee may consider such arrangements during its review.

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Declaration of Helsinki 2008

- Paragraph 33. At the conclusion of the study, patients entered into the study are entitled to be informed about the outcome of the study and to share any benefits that result from it, for example, access to interventions identified as beneficial in the study or to other appropriate care or benefits.

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Declaration of Helsinki 2013

- Post-Trial Provisions. 34. 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.

Only valid version

Declaration of Helsinki 2013

- Informed consent. 26. “In medical research involving human subjects capable of giving informed consent, **each potential subject must be adequately informed of [...] post-study provisions [...]**”

[Relevant information after research]

- [...] All medical research **subjects should be given the option of being informed** about the **general outcome and results of the study.**

Only valid version

Declaration of Helsinki 2013

- Vulnerable Groups and Individuals. 20.
Medical research with a vulnerable group is only justified if the research is responsive to the health needs or priorities of this group and the research cannot be carried out in a non-vulnerable group. In addition, **this group should stand to benefit from the knowledge, practices or interventions that result from the research.**

Only valid version