

LETTER TO THE EDITOR

Dear Sir,

This letter comes to address some remarks of Dr Schoepf in her fine, recent article in *Social Science & Medicine*, "Ethical, Methodological, and Political Issues of AIDS Research in Central Africa."

In this paper, Dr Schoepf asserts—among many persuasive points—that anthropology is being misused by some journalists, policy makers, public health personnel, and physicians. She provides several examples of such misuse, and argues cogently for more comprehensive and culturally sensitive health care delivery.

However, with respect to the use of anthropology to inform the conduct of research trials, Dr Schoepf's critique is misplaced when she implies that sensitivity to local mores regarding research ethics not only constitutes a misuse of anthropology, but also is tantamount to abusing subjects in the developing world. It is unclear what role, if any, Dr Schoepf feels there is for local culture to inform research ethics.

The effort to be culturally sensitive, is not, in my opinion, usually motivated by a desire to abuse developing world citizens as research subjects. Indeed, I believe that most physicians, myself included, strongly deplore the cynical abuse of the developing world as a site for clinical research. Most of us are aware of the egregious past examples of abuse of research subjects in the developing world [1]. Most of us know that such examples warrant caution and safeguards when reviewing the conduct of multinational research.

But the history of the abuse of research subjects in the developing world (and in the developed world) does not mean that we necessarily abandon an anthropologically informed research ethic, replacing it, presumably, with a narrow, Western-based ethic which is not necessarily representative of the wishes of the research subjects it allegedly is protecting. Indeed, it may even be true that it is not ethical codes themselves—even Western or "universal" ones—that truly protect research subjects. No system of rules alone, no matter how extensive or enlightened, will completely protect subjects from unscrupulous investigators. Instead, research subjects may perhaps best be protected by being involved as equals in the conduct of research [2]. This, of course, is largely equivalent to arguing that local culture should inform the ethics of clinical research trials.

Dr Schoepf claims that "One physician has proposed that since individuals with little education are probably not capable of understanding the risks (to themselves) and benefits (to societies—those in which people will actually obtain vaccines if trials prove successful) they are incapable of making informed decisions" [3]. I am the physician to whose work she refers [4], and this is a misrepresentation of my thinking, in part because it implies that I believe that certain people are unworthy of self-determination and in part because it imputes to me a paternalism which I do not feel. In addition, and perhaps most important, when she refers to my work, Dr Schoepf conflates the ethical positions of relativism and pluralism, the latter of which I am a cautious proponent.

The more general issue here is how, if at all, anthropology and sociology should inform the ethics of clinical research conducted by researchers from one culture upon subjects from another. This is a terribly difficult problem about which relatively little has been written. People with practical experience with such research, such as Dr Schoepf, have much to contribute to the search for a solution to this problem. I am confident that most physicians and most clinical researchers will be interested in improving the ethical conduct of clinical research through the application of the lessons learned from such experience.

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Yours Sincerely
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REFERENCES

1. See, for example, a series of letters published in *The Lancet* in 1978 regarding diarrheal research in Bangladesh: Mosley W. H. *et al.* International Research Laboratory in Bangladesh. *The Lancet* (i) 602-603, 1978; McCord C. International Research Laboratory in Bangladesh, *The Lancet* (i), 768, 1978 containing the allegations of ethical misconduct; McCord C. Cholera research in Bangladesh. *The Lancet* (i), 1207, 1978; and Nalin D. R. Cholera research in Bangladesh. *The*

- Lancet* (ii), 102–103, 1978. For another example, see: Warwick D. Contraceptives in the Third World. *Hastings Center Report* 5, (4), 9–12, 1975; Potts M. and Paxman J. M. Depo-Provera—ethical issues in its testing and distribution. *J. Med. Ethics* 1, 9–20, 1984.
2. Christakis N. A. and Panner M. J. Existing international ethical guidelines for human subjects research: some open questions. *Law, Med. Hlth Care* 19, (3–4), 214–221, 1992.
 3. Schoepf B. G. Ethical methodological and political issues of AIDS research in Central Africa. *Soc. Sci. Med.* 33, 749–763, 1991.
 4. Christakis N. A. The ethical design of an AIDS vaccine trial in Africa. *Hastings Center Rep.* 18, (3), 31–37, 1988.