

## Malaria Research: What Has Ethics Got To Do With It?

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What has Ethics got to do with state-of-the-art malaria research and control efforts, let alone in Cameroon? If the word "Ethics" brings to your mind only images of churches and other places of worship, holy books and religious injunctions, priests, pastors and other preachers, all of which may seem rather far removed from science, let alone research, then this surely, is a pertinent question for you. Of course, religious people, religious discourse and religion generally are concerned with ethics or morality generally. But ethics or morality is quite distinct from religion and is or should be the concern of all human beings, be they religious or not.

Religion would be no religion without an ethical component, but ethics is still ethics even in the absence of religion, even to an agnostic or atheist. As a matter of fact, most human beings in the world today are de facto agnostics, whether they realize it or not – they don't care whether the claims of religions, especially regarding the existence of God, post-mortem judgment, reward and punishment, are true or false. Ethics generally simply has to do with right and wrong or good and bad in human acts, actions and behaviour. No one can be indifferent to this. Human beings are social and rational beings and their rationality acts as one of the control mechanisms in helping them to avoid harming others or treating them in ways they themselves would not like to be treated, in their acts, actions and behaviour. This is what ethics is all about; it is an inescapable concern of human beings who are limited beings incapable of living without other humans, whether or not God and heaven and hell exist.

But what has this to do with malaria research? Malaria research, like all other types of medical research is research that ultimately must involve human beings. In simple terms, it involves experimentation on human beings. Medical research activities of all sorts may have as their aim and objective the alleviation of human suffering and the betterment of the human health condition, but they also run the risk of doing harm to some human beings (not forgetting non-human animals and plants!), of exploiting them, cheating them or otherwise treating them unfairly/unjustly and violating their rights as human beings. And here we are not just speculating; that medical research can be harmful to human beings is an evidence-based claim.

Malpractices and abuses in medical research on humans have been well documented. The most spectacular occurred during the Second World War, when German Nazi doctors and medical researchers freely experimented on prisoners and other highly vulnerable and incapacitated persons, sometimes directly injecting poisons and other toxins into them to enable study of the medical effects of various substances or subjecting them to extremely harsh existential conditions to study the limits of human endurance. The shock and scandal generated by discovery of these horrendous human atrocities led to the Nuremberg Trials which resulted in the elaboration of the *Nuremberg Code* (1947), the first regulatory international document on medical research, which also marked the distinction of research ethics from general medical ethics, which hitherto had been based on the *Hippocratic Oath*. The main point of the Nuremberg Code was that any type of medical experimentation on a human being could be justified only on the condition of the well-informed, free and voluntary consent of the person experimented upon.

The Nuremberg Code, in turn, directly influenced the United Nations *Universal Declaration of Human Rights* (1948) and in 1964 (in Helsinki) was further expanded and elaborated by the World Medical Association (WMA) into the *Declaration of Helsinki* which was subsequently revised or amended in 1975 (Tokyo), 1983 (Venice), 1989 (Hong Kong) 1996 (Somerset West) and 2000 (Edinburgh). The Declaration of Helsinki has been more elaborately interpreted in detail with particular reference to the Developing World by the Council for International Organizations of Medical Sciences (CIOMS) in its *International Ethical Guidelines for Biomedical Research Involving Human Subjects* (1992, 2002).

Medical malpractices and abuses were not a monopoly of Nazi researchers. About the same time that these latter were occurring and while the allied forces were sitting in judgment over the Nazi criminals, very similar malpractices and abuses were occurring in the United States of America, such as the Tuskegee syphilis trials (on poor black Americans), the Willowbrook hepatitis experiments (on mentally retarded children), the Thalidomide experiments (on pregnant women), etc. which were not to come to light until about 1966 following an extremely damaging investigative article published by Henry Beecher. The scandal generated led to the formation of a presidential commission which resulted in the *Belmont Report* (1979).

Since the early 1990s it has been internationally required that any medical research involving humans should follow a rigorous procedure, including the study and approval of the research proposal by ethics review committees (ERC) or institutional review boards (IRB) as they are commonly called in the USA, and an elaborate informed consent procedure involving many stages and various elements. This has not always been properly done or even done at all, as the controversy in Cameroon over the Tenofovir clinical trials in Douala clearly demonstrate. And yet there is the need for more research in the light of increasing epidemic diseases such as malaria, HIV/AIDS, tuberculosis, meningitis, etc. and increasing research of all sorts,

particularly by industrialized developed world investigators and sponsors in the developing world. Such research involves dangers of abuse and malpractice, of exploitation and harm to highly ignorant, poor, ill and vulnerable individuals. Besides, much of medical research today has become a flourishing multi-billion Dollar business affair in which multinational pharmaceutical companies, spurred on by the profit motive, are scrambling and falling over one another. And wherever or whenever big money and power or influence is concerned, ethics and fair play are likely to be swept under the carpet.

That is how ethics comes into malaria and other medical research and why we are or should be involved and concerned with ethics side by side with the science of research. State-of-the-art malaria research in Cameroon badly needs to be complemented by state-of-the-art ethics of research.