Open forum provides an opportunity for our readers to raise issues of concern, and to generate discussion of them. Contributions (1000 to 1500 words in length) to Open Forum are welcome, and should be sent to The Editor, Bioethics News, Centre for Human Bioethics, Monash University, Clayton Vic. 3168.

Human experimentation ethics and the NHMRC Statement: Issues for tertiary education

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The release of the NHMRC Statement on Human Experimentation, and its re-issue, with Supplementary Notes from 1982 to 1988 was a landmark in human experimentation ethics in Australia. Though it appears that the intention of the Statement was to cover experimentation other than medical, this has been compromised by its almost exclusive reference to medical issues and examples. It has become increasingly clear, at least to those involved in human experimentation ethics committees (HEECs; also referred to as Institutional Ethics Committees, IECs) in tertiary educational institutions, that issues broader than medical need to be specifically addressed in a code of practice.

There appears to be a vast disparity in the types of project for which staff in tertiary education institutions submit (or fail to submit) proposals to HEECs. In the current situation, it is inevitable that treatment by HEECs of some of the ethical issues also varies widely. This was certainly the case in 1988, as indicated in answers to questions put to all Australian universities by the Australian Vice-Chancellors' Committee. Emphasis on medical examples or, more to the point, the absence of examples from other fields in the Statement and Supplementary Notes militates against resolution of this disparity. It is difficult to gain the full cooperation of teaching staff many of whom would prefer to turn a blind eye and avoid completing a proposal for experimentation, justifying it on the basis that some other institution would not require it.

Since 1987, there have been two re-issues of the Statement on Human Experimentation and Supplementary Notes, and neither has addressed the special problems faced by tertiary teaching institutions, and though there has been a marginal softening of the medical bias in the 1992 version, including renaming the Medical Research Ethics Committee the Australian Health Ethics Committee, the problem remains.

The need for open debate

An effective code is only the first step. Fine-tuning of decisions of HEECs on less well established issues needs to be based on identifiable community attitudes. The
structure of committees as defined (1992 Statement; Supplementary note 2) contributes to such an outcome, but experience has shown that many issues remain in question. This problem could be relieved with provision of a forum for debate and guidance on these issues.

Until now the newsletter supporting the Statement, the Medical Research Ethics Newsletter\(^3\) and its recently modified form, has not provided this forum. There has been a similar deficiency in relevant Australian journals in which such topics could be raised. Nor have the NHMRC-sponsored conferences dealt with the broader issues. The guidelines written by the NHMRC based on the Privacy ACT, 1988, were similarly medically oriented\(^4\). It was a relief to hear recently that there are plans for a change in the aims of the AHEC Newsletter towards supporting the broader functions of HEECs.

**Special issues in tertiary education**

Some of the ethical issues in tertiary teaching relate to:

- the obtaining of informed consent for, and supervision of, potentially harmful experiments conducted by students on themselves or other students as part of the teaching process, whether by voluntary or compulsory participation - and adequate notification for the latter;
- experimentation by staff of the institution on subjects who are students of the institution - the extent and significance of dependent relationships;
- the distinction between professional practise/consulting and research - the identification of experimentation and the roles of the HEEC and relevant professional codes in the former;
- surveys, and what constitutes adequate security for personal data kept which identifies the subject; is there such a thing as an unacceptable question, whether or not the response is identified with the respondent;
- supervision of undergraduate research projects using subjects from the community or in public institutions;
- students working in the community on required work experience programmes and the extent of their knowledge of, and adherence to, professional codes of practice; work experience often develops into research.

While some teaching institutions have developed or are developing principles on which to deal with these problems, there is presently a vast difference in the extremes of treatments operating in the various institutions. It is high time for a code of practice and newsletter which have more general application.

**Can the Statement and its Notes cover the broader issues?**

There are several places in the Statement where the emphasis can be changed without losing its impact relative to medical research. Movement of the overt reference to the four medically based background documents from the introductory page of the 1988 version to the back of the 1992 version softened the medical emphasis, but additional references to psychological or sociological research ethics would have provided better balance.

The introduction on page 1 of the 1992 version now has a bold heading 'Ethics of medical research on humans - explanatory note', which is much less helpful than the more general heading it replaced from previous versions. It detracts entirely