Course material

Course:

Ethics in Emergencies

Video:

4c Benefits and harms

Concepts (extracted from automatically generated subtitles):

Implementation research. Potential benefits. Implementation researchers. Risk of harm. Use of incentives. Such benefits. Implementation research study. Planning stage of the implementation research study. Mitigation of potential additional contextual challenges. Infection control practices. Unanticipated harms. Thought process. Implementation research intervention. Public transportation. Mitigation of unintended harm.

to video sequence search
(within Ethics in Emergencies.)

to video

Harms & benefits in emergencies



Urgency – high risk of harms

TDR For research on diseases of poverty
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...

notes

summary

0m 0s

Harms & benefits in emergencies



Urgency – high risk of harms

Chapter 2B | Ethics of Implementation Research in Emergencies

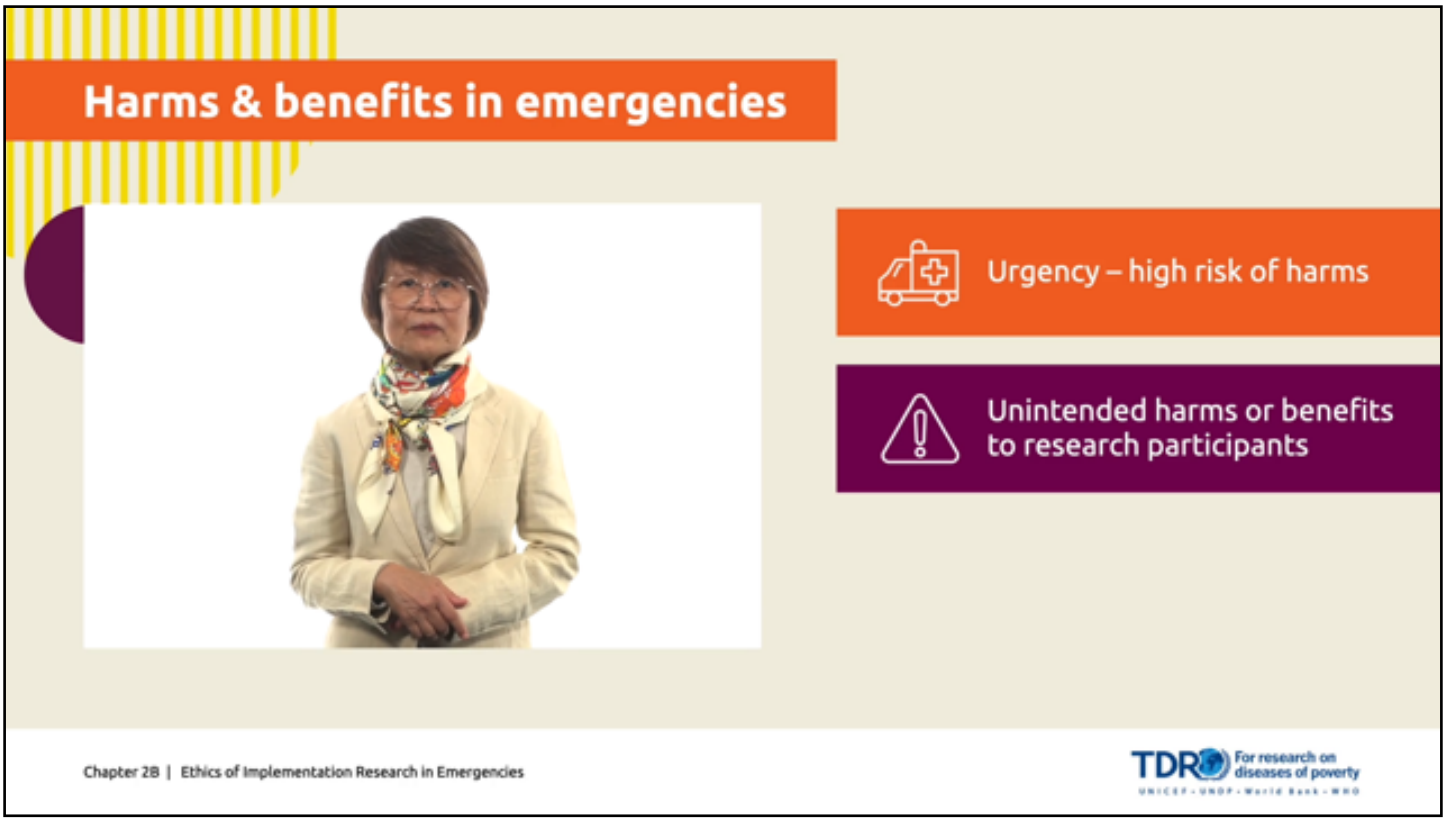
TDR For research on diseases of poverty

In emergencies, as we have already seen, implementation research needs to

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summary

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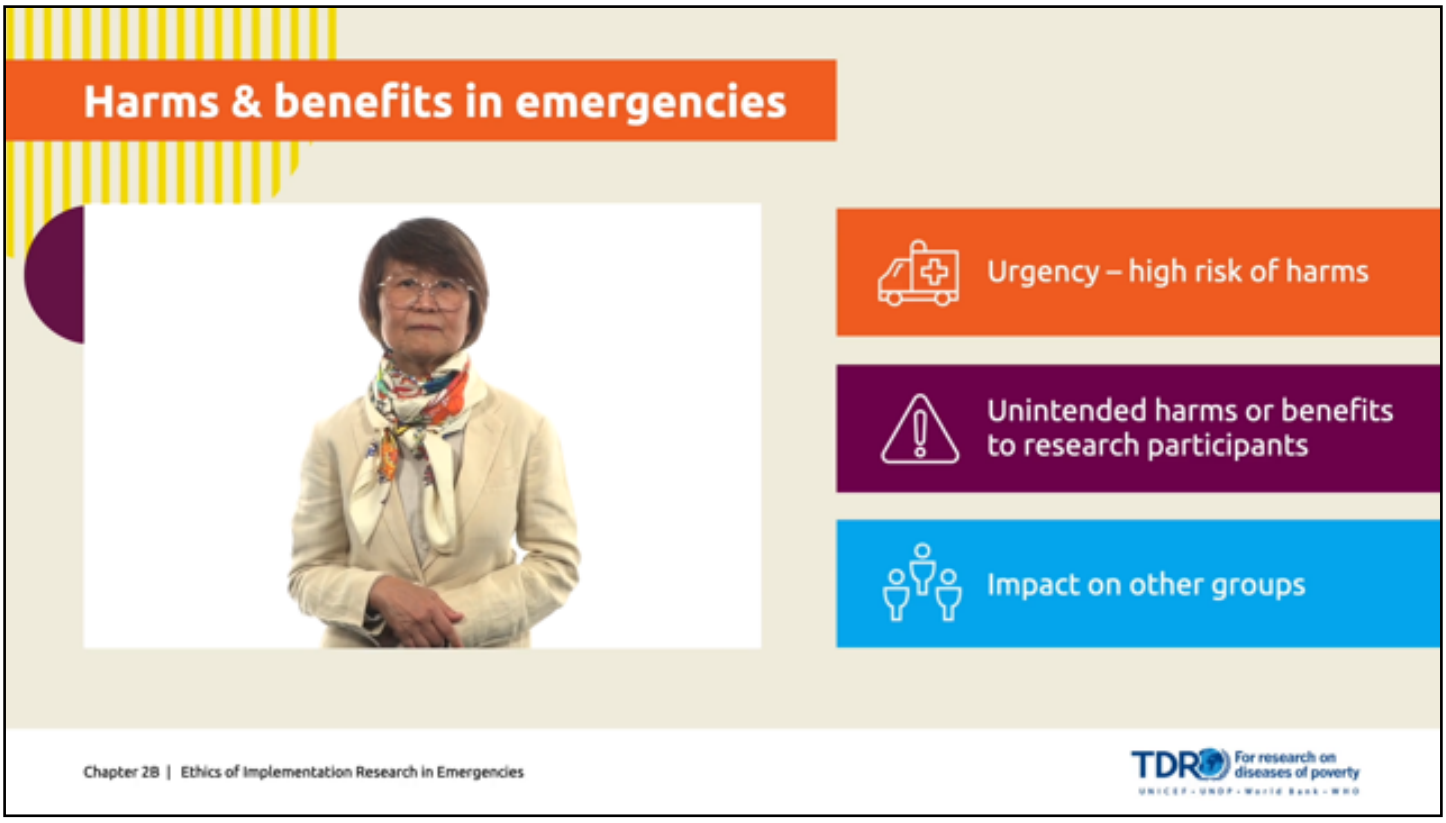


happen fast, but the risk of harm may be high. Implementation researchers must therefore look beyond the obvious to identify potential unintended or unanticipated harms or benefits

notes

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0m 14s



which may accrue to research participants themselves or to other individuals, communities or stakeholders which may be impacted by a study. For

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0m 30s

Harms & benefits: example

Situation:

- Infection control in mobile hospitals after flood in Pakistan
- High antimicrobial resistance



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example, an implementation research study is being planned, aimed at improving infection control practices in busy mobile hospitals set up after a

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0m 42s

Harms & benefits: example

Situation:

- Infection control in mobile hospitals after flood in Pakistan
- High antimicrobial resistance



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flood in a rural area of Pakistan. Antimicrobial resistance

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1m 0s

Harms & benefits: example

Situation:

- Infection control in mobile hospitals after flood in Pakistan
- High antimicrobial resistance

Intervention:

- Mobile phone education app



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is already high in the community, and it is feared that this may worsen during the emergency. The implementation research intervention would

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1m 2s

Harms & benefits: example

Situation:

- Infection control in mobile hospitals after flood in Pakistan
- High antimicrobial resistance

Intervention:

- Mobile phone education app
- Implemented on clinic staff



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consist of a mobile phone education app for clinicians, which would

notes

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1m 18s

Harms & benefits: example

Situation:
- Infection control in mobile hospitals after flood in Pakistan
- High antimicrobial resistance

Intervention:
- Mobile phone education app
- Implemented on clinic staff

Outcome:
- Changes in clinician behavior
- Rate of infection



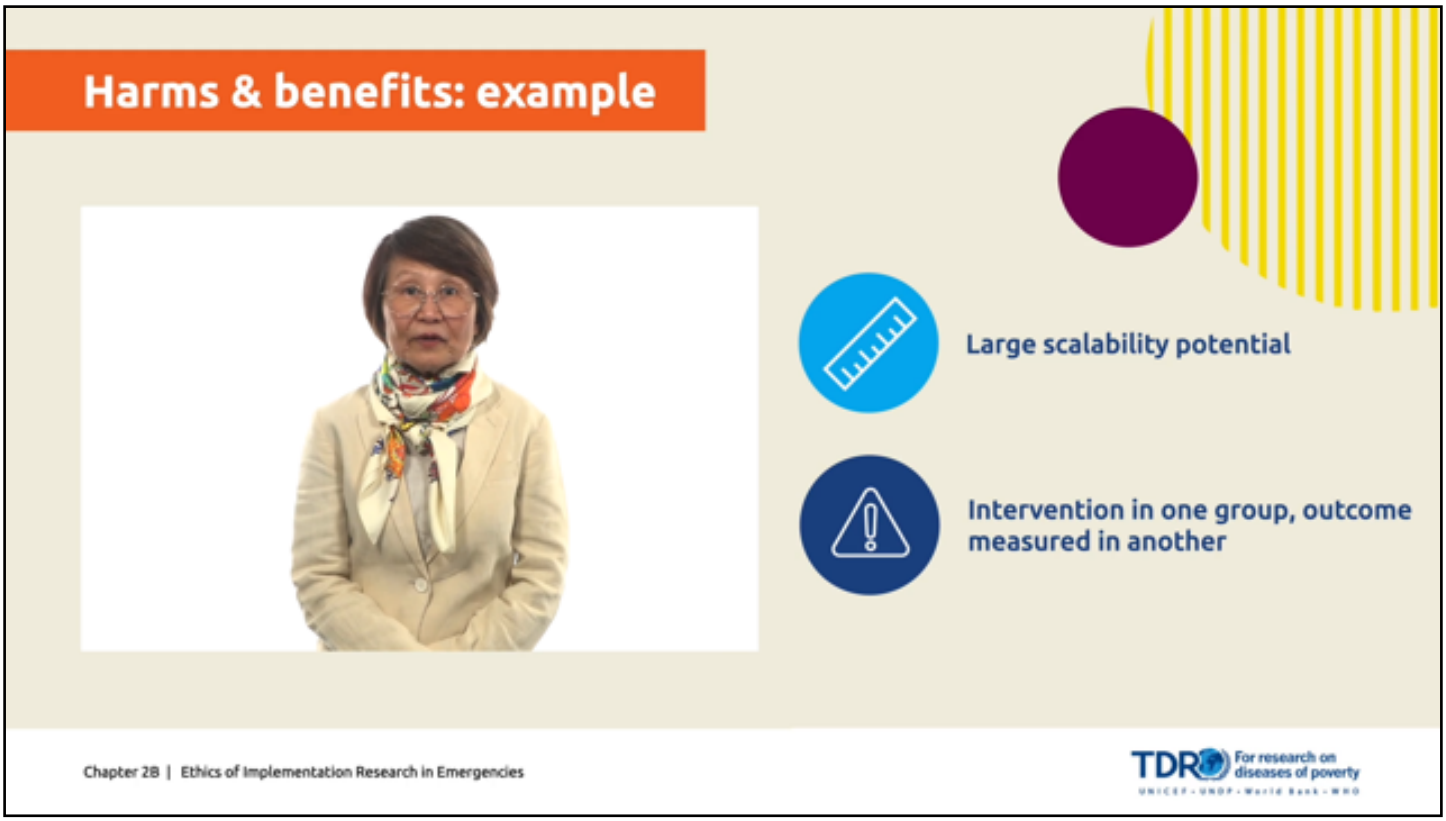
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be implemented among the staff at the clinic level. The study outcomes would include changes in clinician behaviour and the rates of hospital

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summary

1m 25s



acquired infections. Given the increasing frequency of flooding as a result of climate change, if effective, such an app would have large potential for scalability worldwide. It is important here for the implementation

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1m 38s

Harms & benefits: example



Large scalability potential

Intervention in one group, outcome measured in another

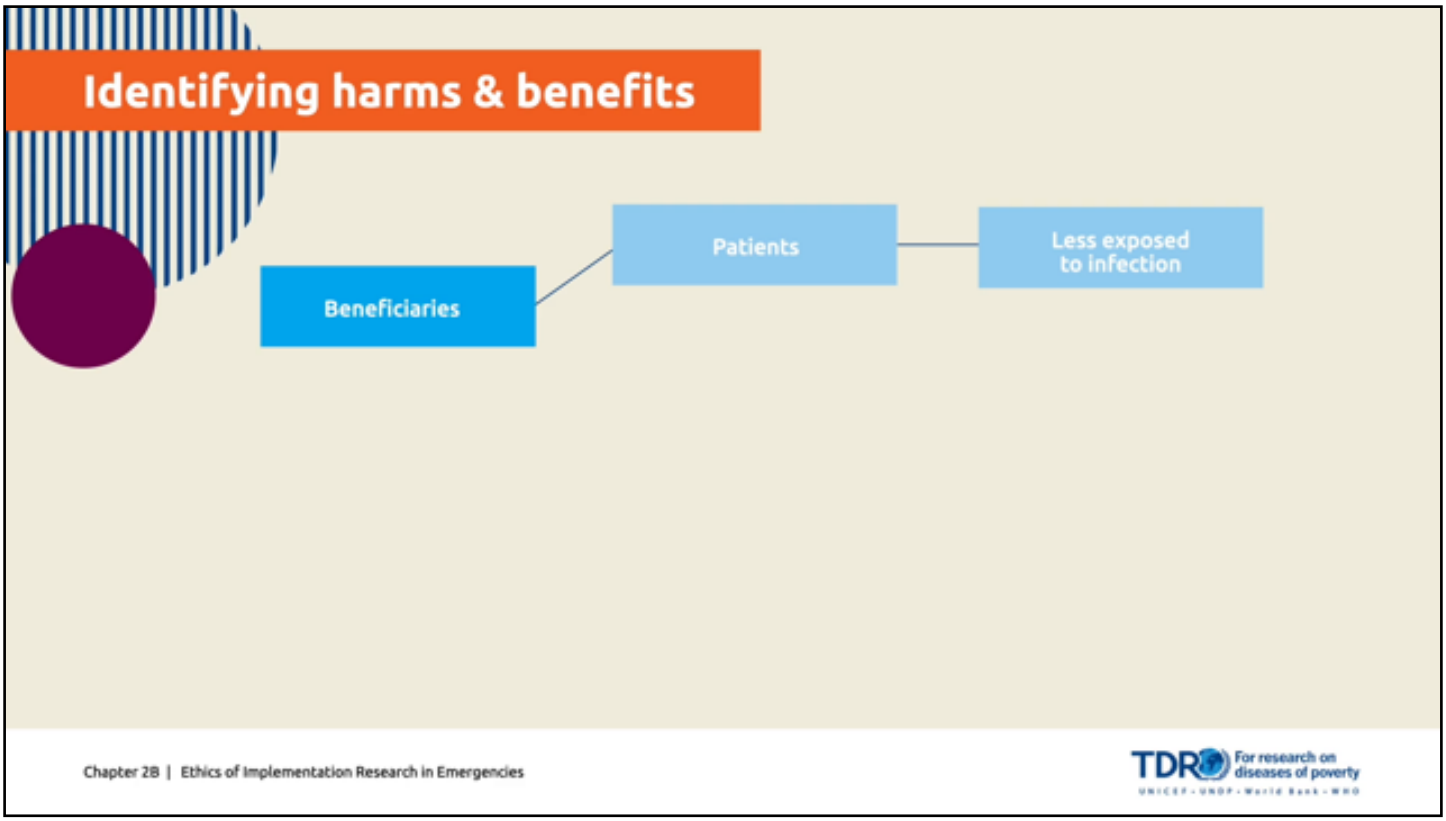
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researchers to recognise that interventions may be implemented in one

notes

summary

2m 0s

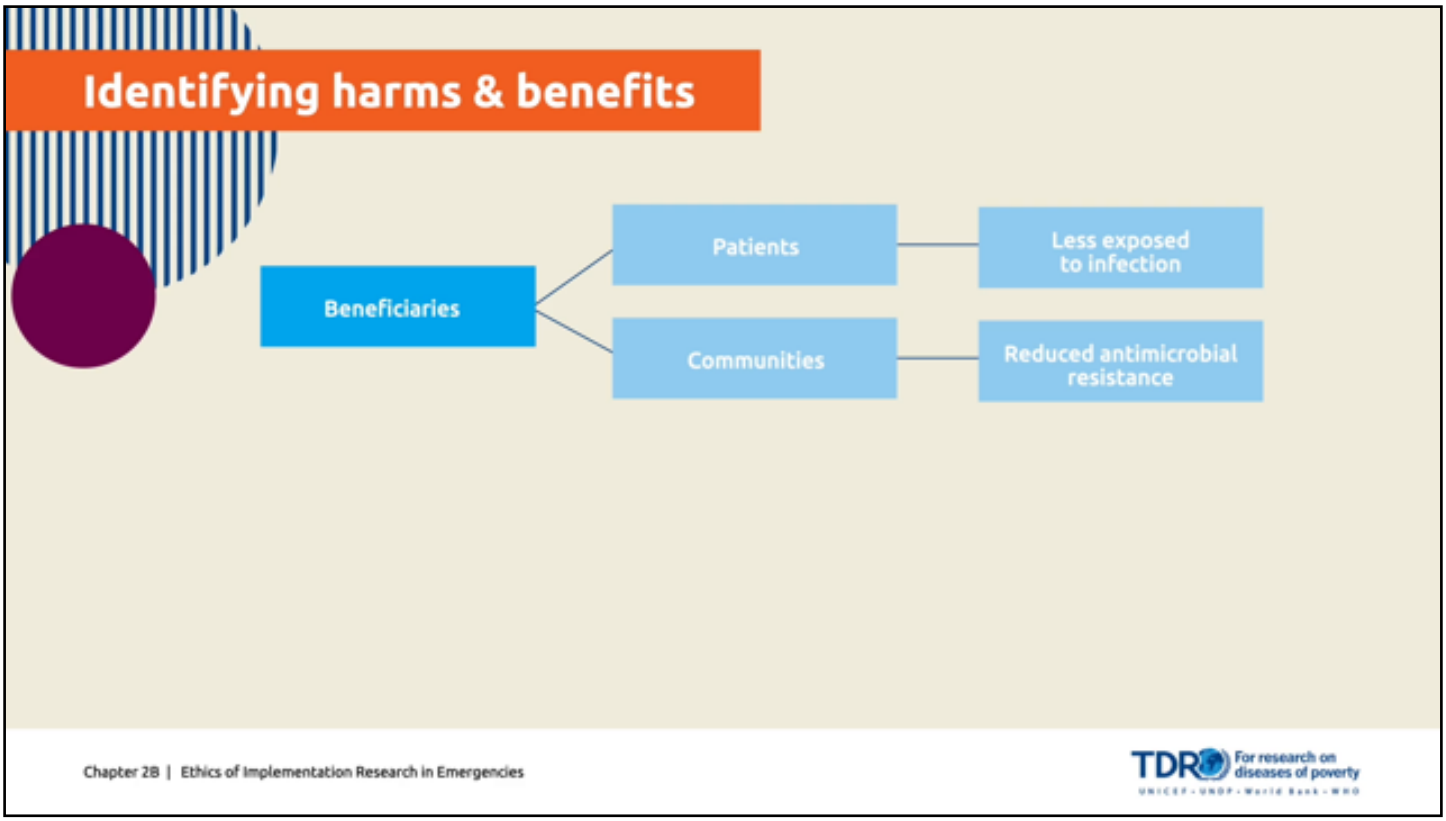


group, but outcomes measured in another, and that the risks and benefits in the study may accrue to different groups. In this study, the beneficiaries would be the patients who may experience fewer hospital-

notes

summary

2m 6s

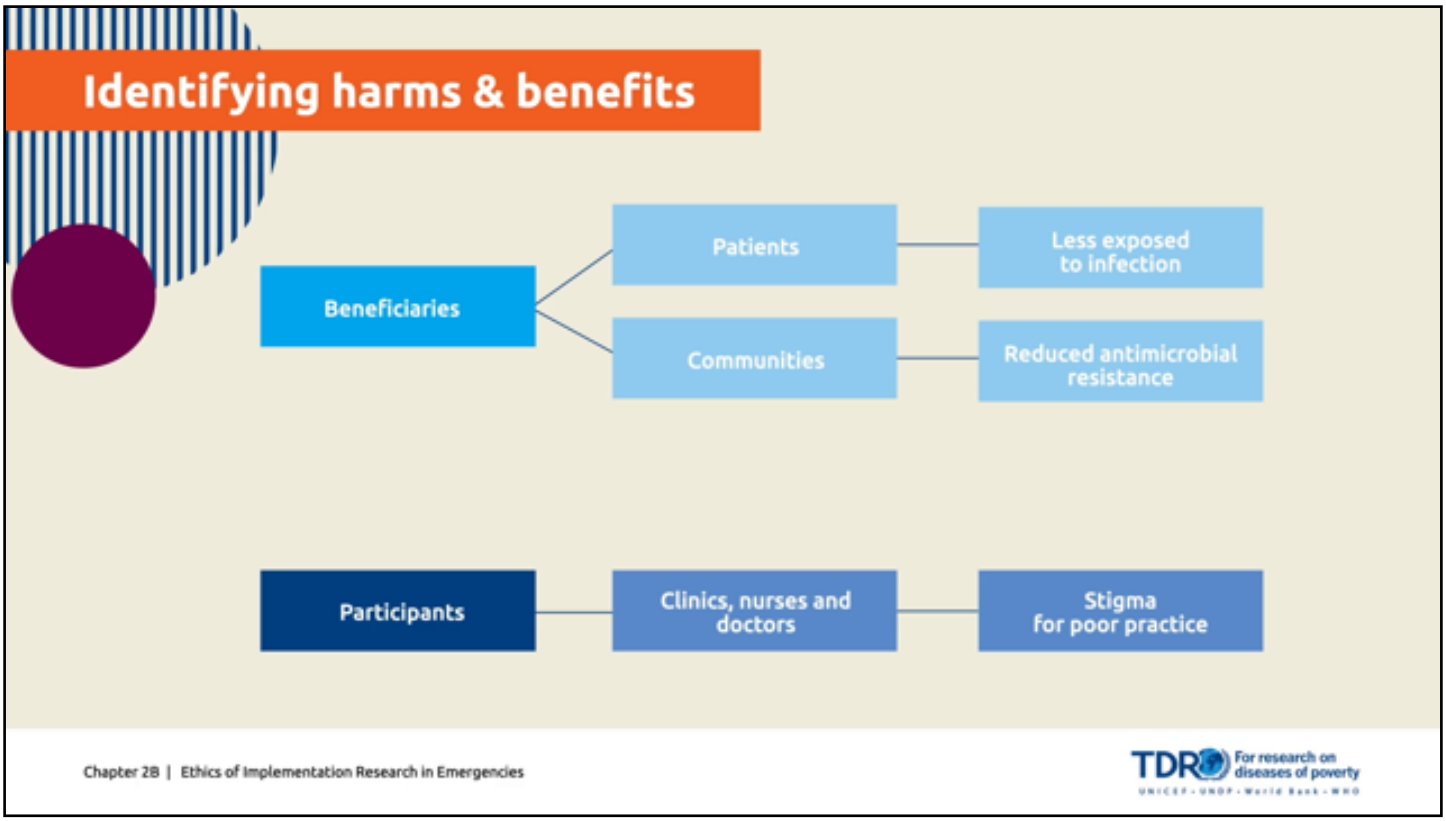


transmitted infections and the community that may, over time, be exposed to

notes

summary

2m 22s

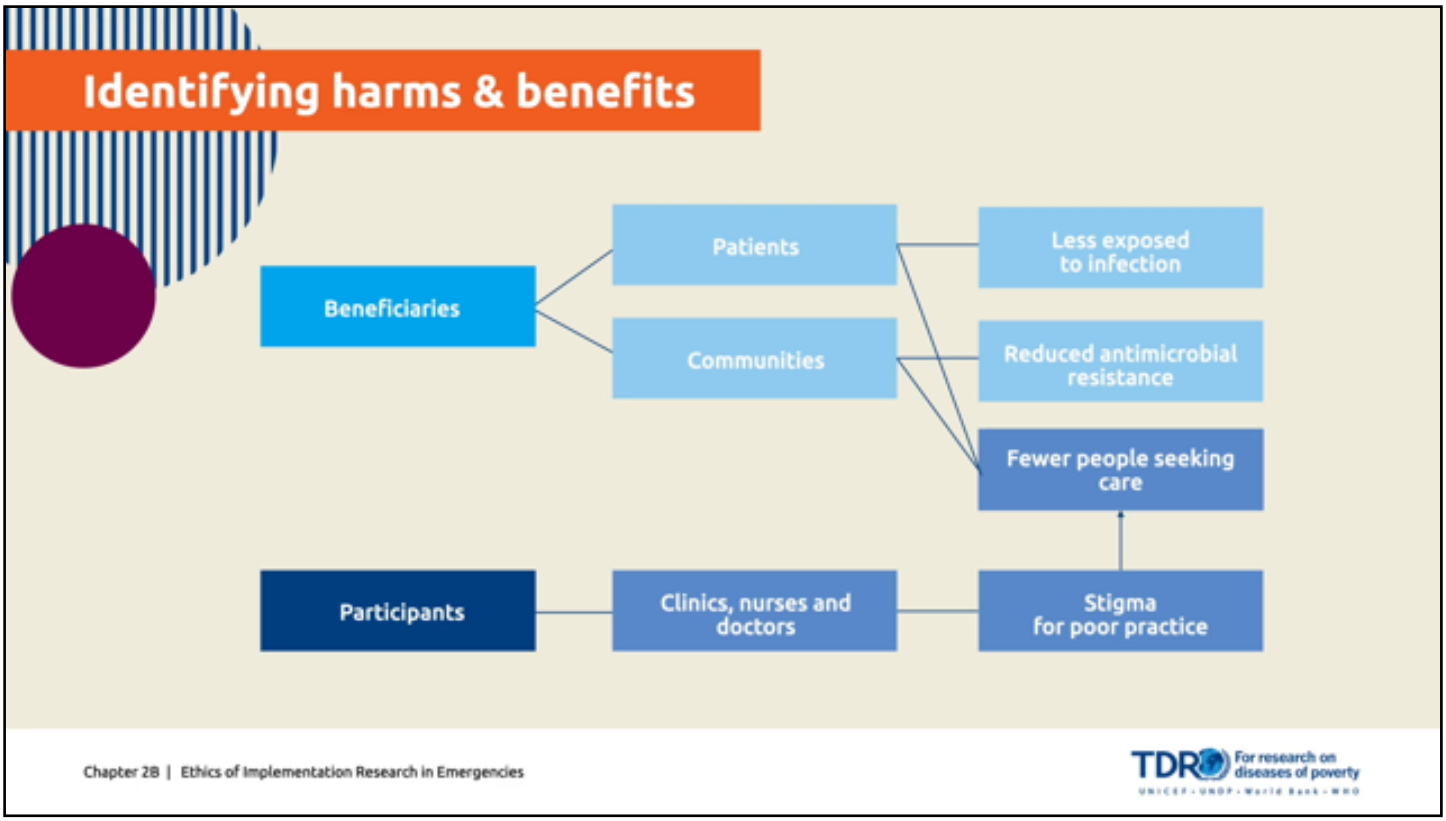


less antimicrobial resistance. The intervention may, however, pose risks for clinics, nurses and doctors who may become stigmatised for poor practice, especially in control institutions where the app was not deployed,

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2m 32s



which may result from additional factors beyond their control. In turn,

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2m 54s

Mitigation of harms



- **Protection against identified risks**

this may lead to loss of trust in communities and fewer people seeking care. Going through the thought process of identifying all potential benefits and harms at the planning stage of the implementation research study should lead researchers to optimise the study protocol to protect against the risks. For example,

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summary

3m 1s

Mitigation of harms



- **Protection against identified risks**
  - Access for each clinician
  - Easy to use

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taking extra precautions to ensure each clinician can access the

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3m 24s

Mitigation of harms



- **Protection against identified risks**
  - Access for each clinician
  - Easy to use
  - Privacy and confidentiality

app and it is easy to use and to ensure privacy and confidentiality of all data

notes

summary

3m 33s

Mitigation of harms



- **Protection against identified risks**
  - Access for each clinician
  - Easy to use
  - Privacy and confidentiality
- **Mitigation of contextual challenges**
  - Loss of phone in the flood
  - Poor internet connection
  - Cost of airtime
  - …

collected. In addition, researchers must plan for mitigation of potential additional contextual challenges that may arise in the case of an emergency, such as loss of personal phones in the flood, poor internet

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3m 40s



connectivity in the hospital, cost of airtime, and etc. Part of the process of identifying potential benefits and harms includes the understanding of all the parties who stand to benefit and all who may

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4m 5s



experience harm. Implementation researchers must consider the balance of

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summary

4m 24s



anticipated and potential unanticipated benefits and harms

notes

summary

4m 31s

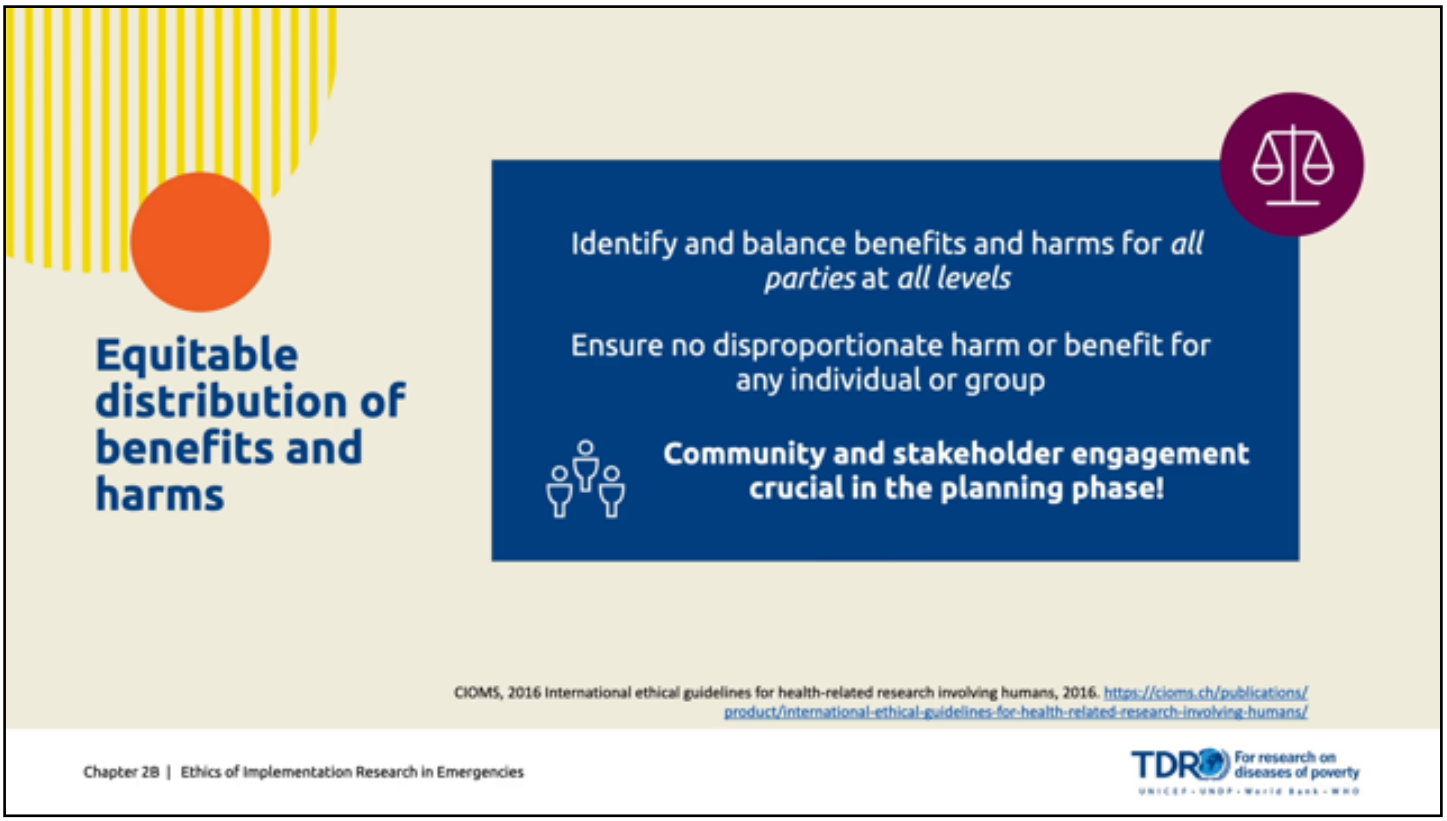


for individual participants or groups at all levels. This is important to ensure that some are not disproportionately exposed to harm or receive

notes

summary

4m 37s



disproportionate benefit. Stakeholder engagement is crucial at the planning stage of implementation research to ensure that all parties impacted by the research are identified and their

notes

summary

4m 49s

Potential unintended harms



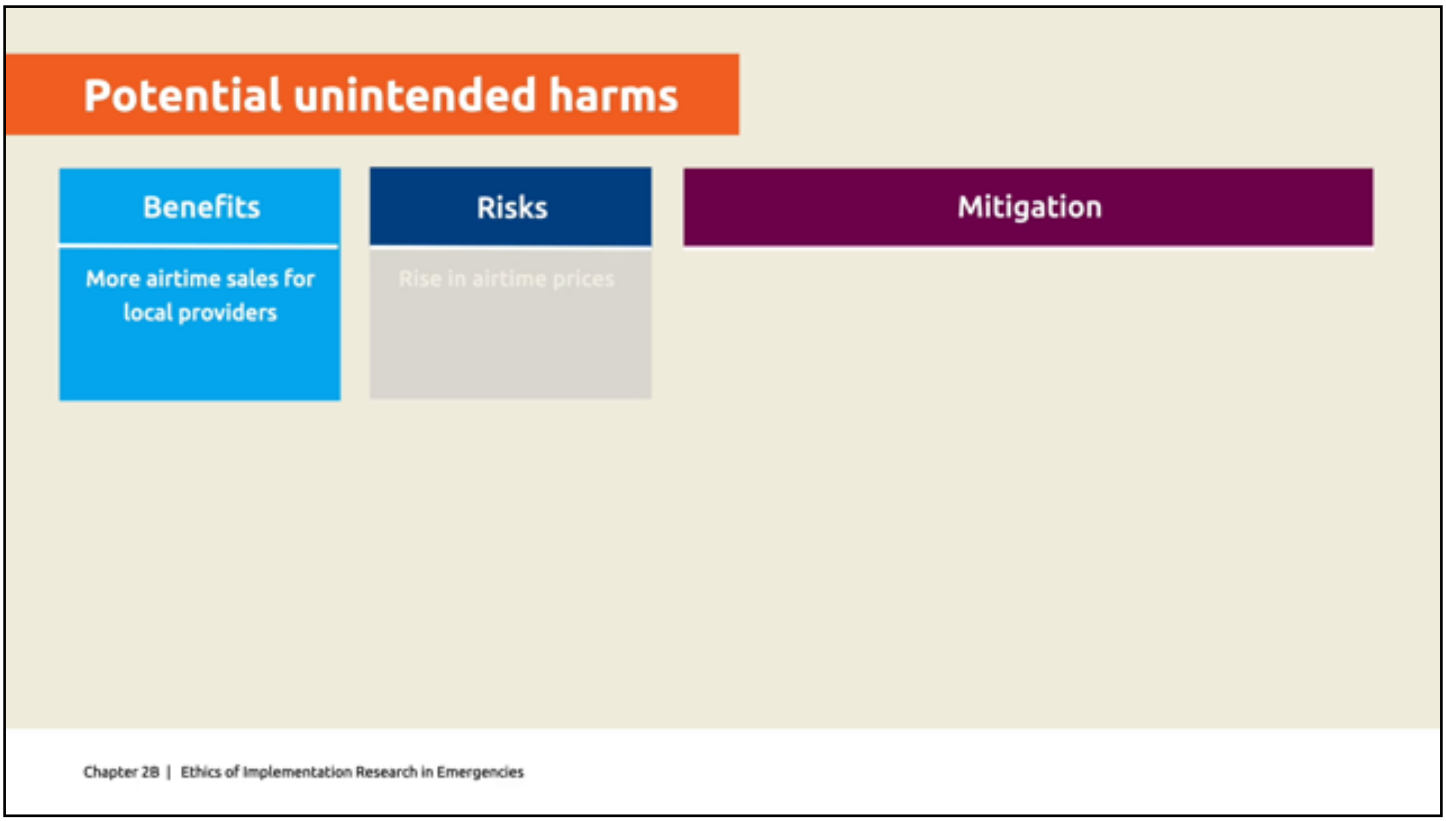
Example of the infection control app study: risks and benefits at various levels

perspectives considered. Continuing with the example of the study of an infection control app designed to reduce transmission of infection in mobile hospitals in emergencies, risks and benefits may accrue

notes

summary

5m 9s

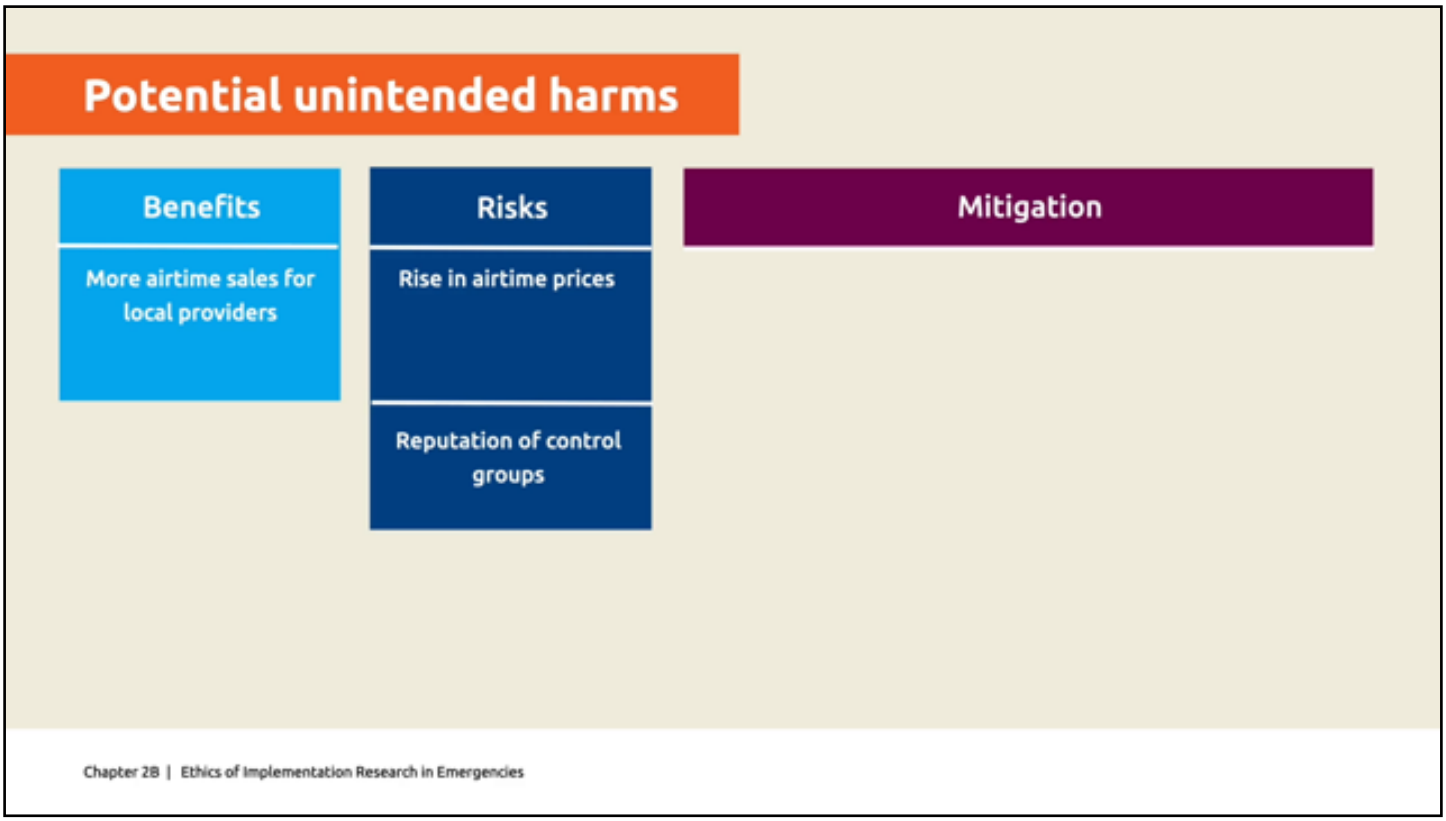


at various levels. Beyond the obvious immediate potential benefit of reducing infections in the patients, the local airtime sellers may benefit indirectly, as the hospital staff would need more internet access to

notes

summary

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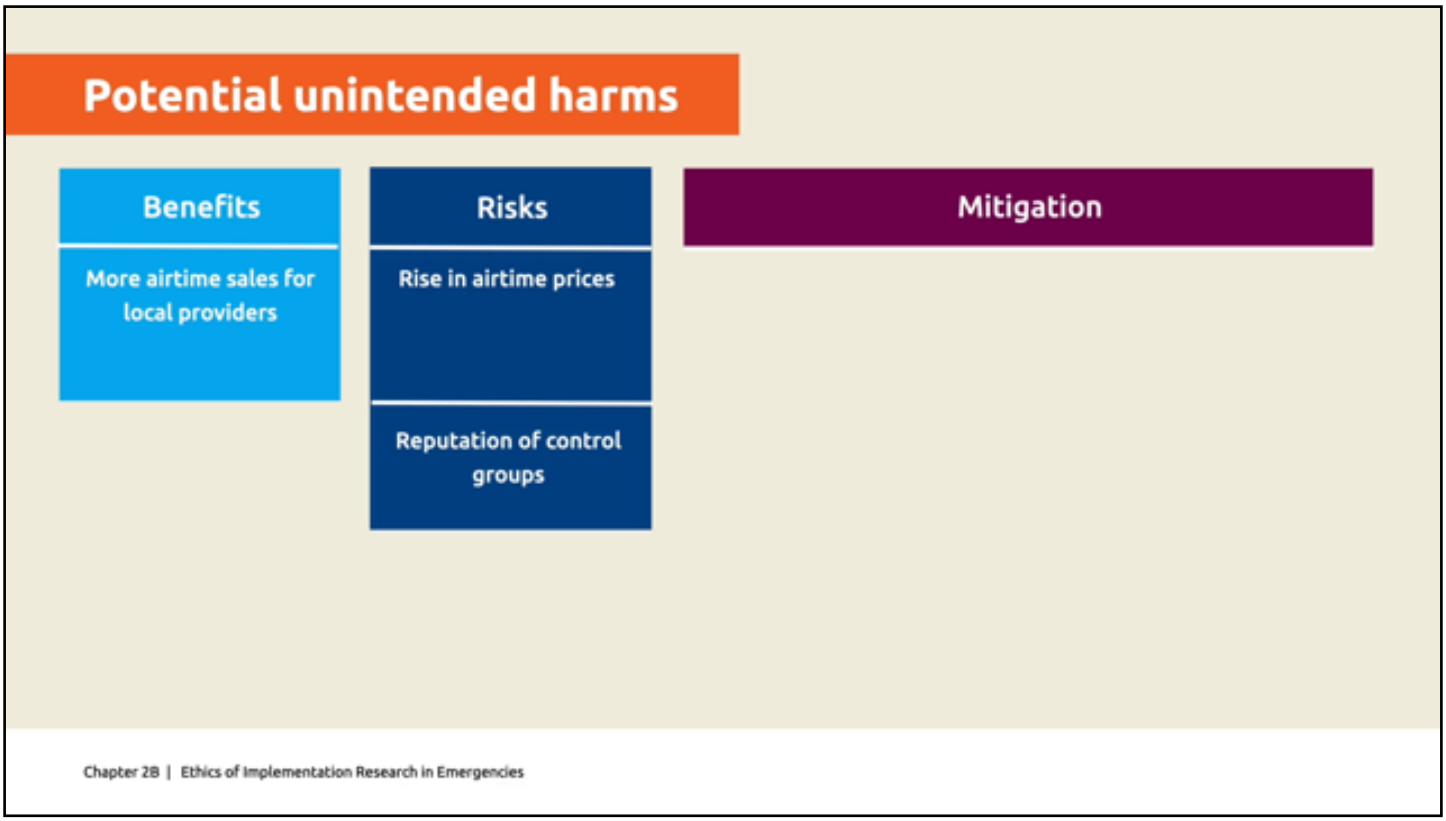


download and use the app. This may in turn destabilise the local airtime market if price rises in response to the increased demand, which may have a negative impact on the community as a whole. Such benefits and harms may have serious consequences in an emergency where tensions are high and resources are strained. In terms of potential harms, as we

notes

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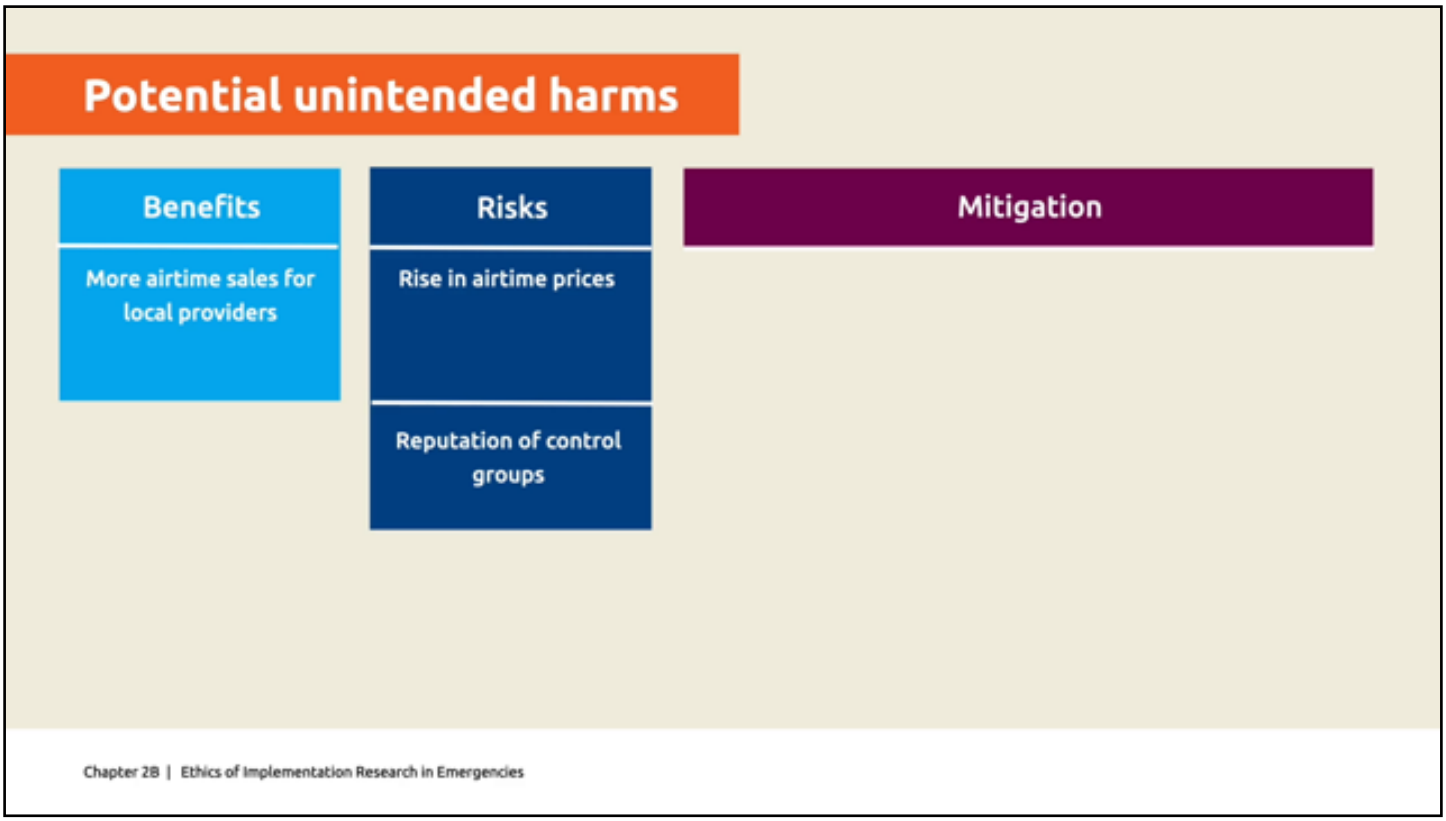


discussed in the earlier chapter, if a control group is deemed necessary,

notes

summary

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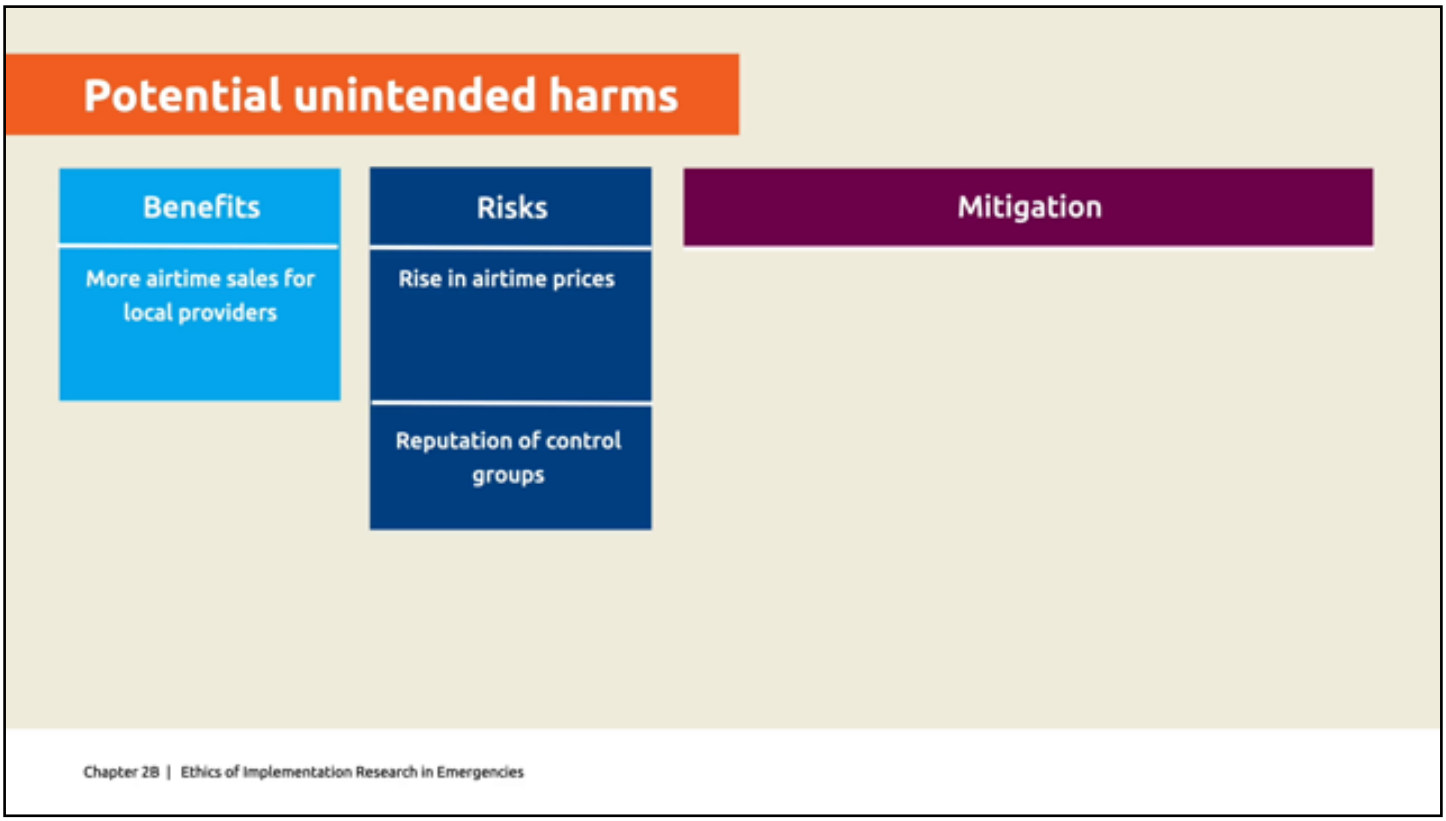


such as mobile clinics where the app is not deployed, this must

notes

summary

6m 25s

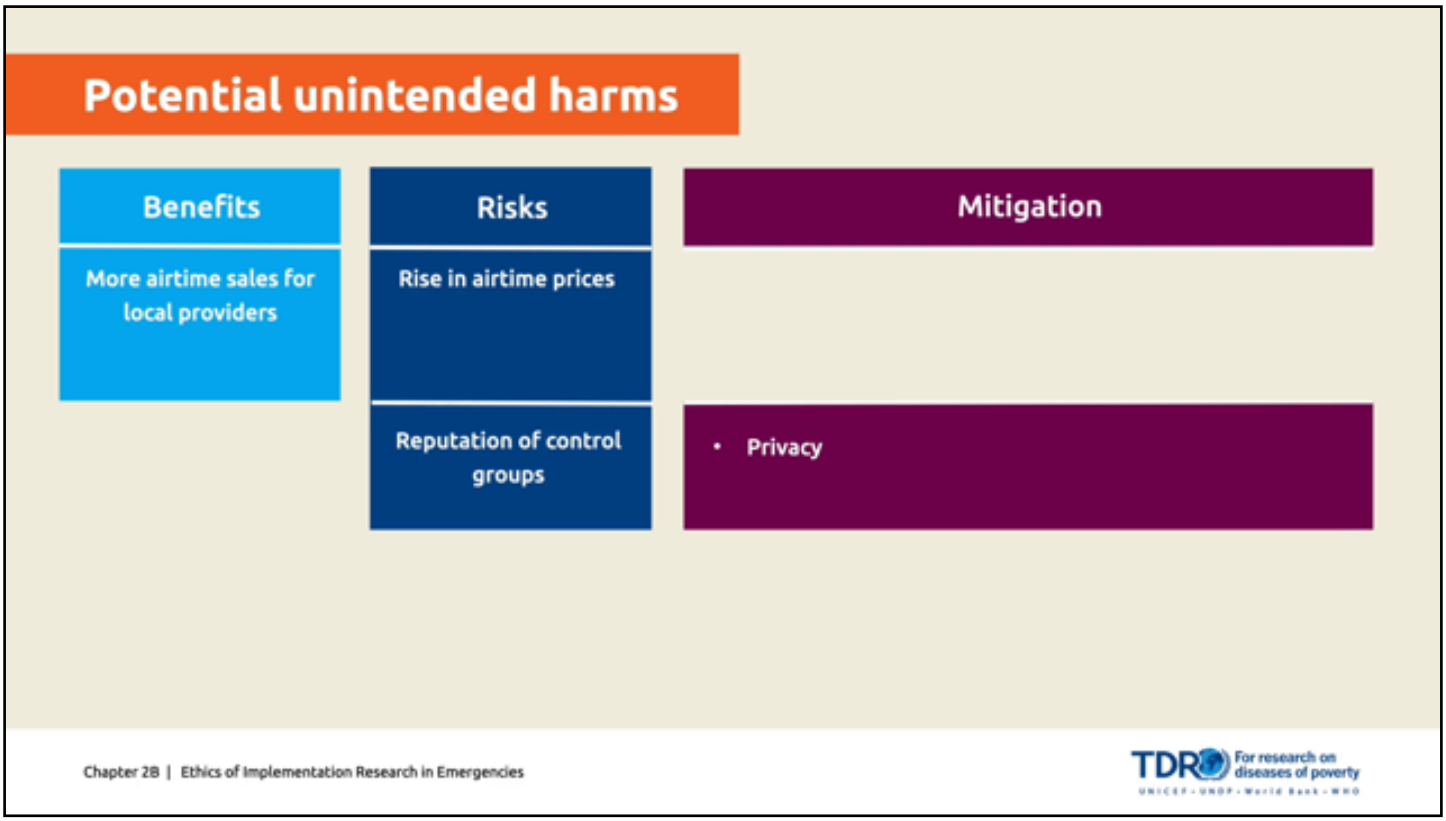


be ethically justifiable. Steps must be taken, however, to ensure that all and the same basic infection control resources are present in all clinics and

notes

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6m 42s

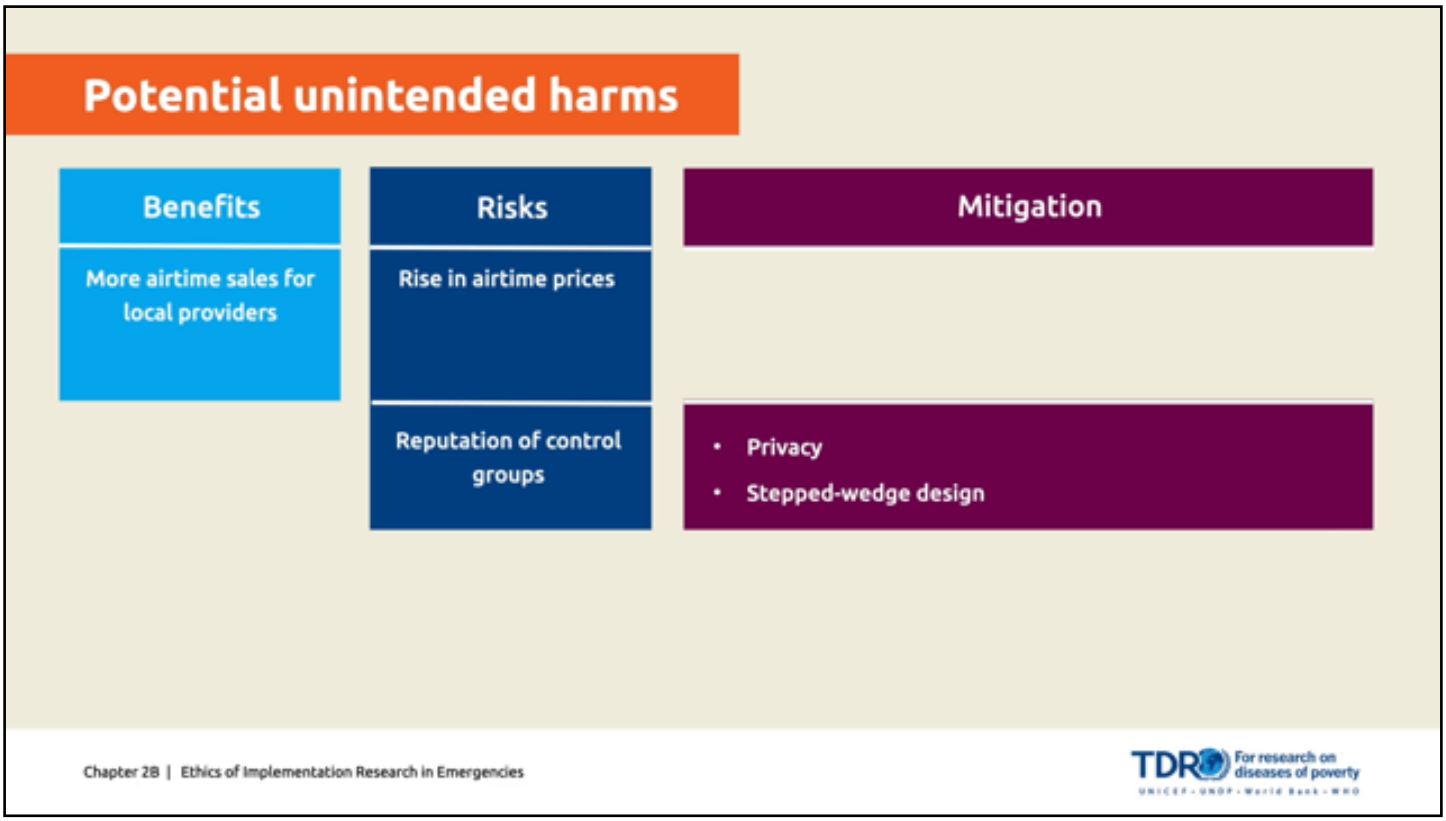


that privacy is ensured to reduce avoidable

notes

summary

6m 56s

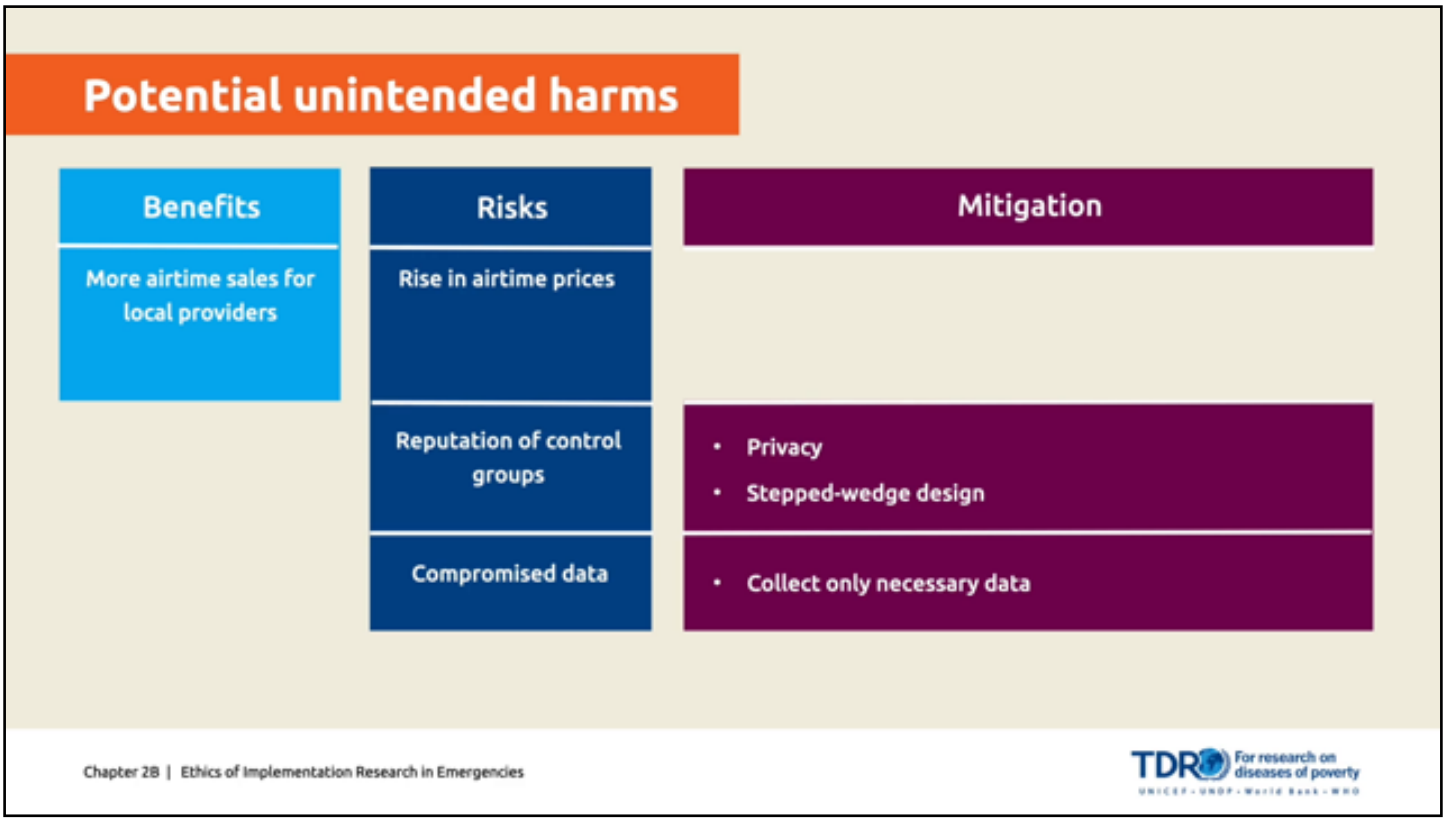


exposure to reputational risk in the control group. Should infection rates be higher in these clinics, as discussed in an earlier chapter of this course, a stepped-wedge study design may limit potential harm of reputational risk over time.

notes

summary

7m 4s

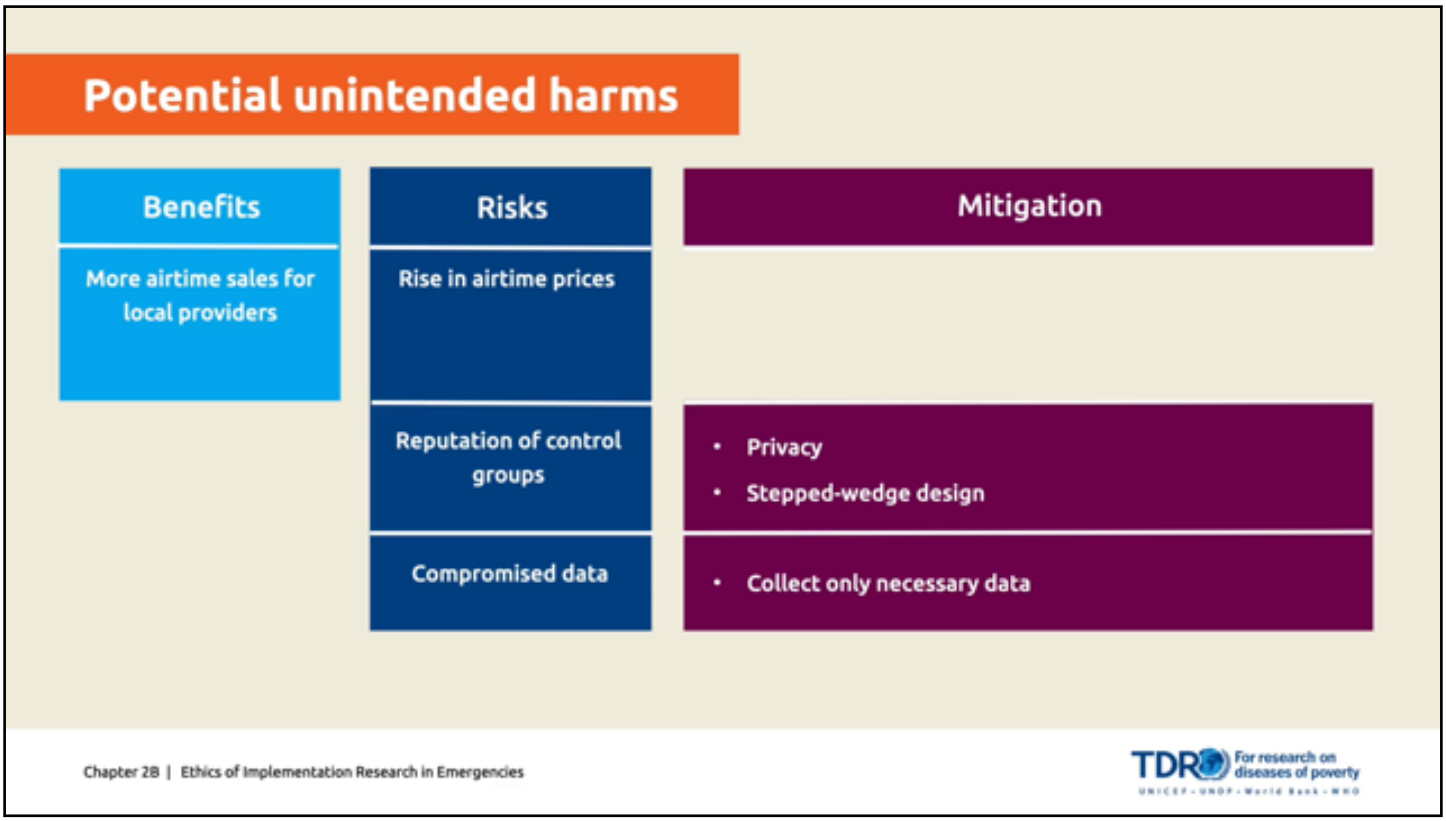


Mitigation of unintended harm also includes avoidance of unnecessary

notes

summary

7m 23s



interventions and data collection during research, and especially in emergencies where data management and privacy may be at greater risk

notes

summary

7m 30s

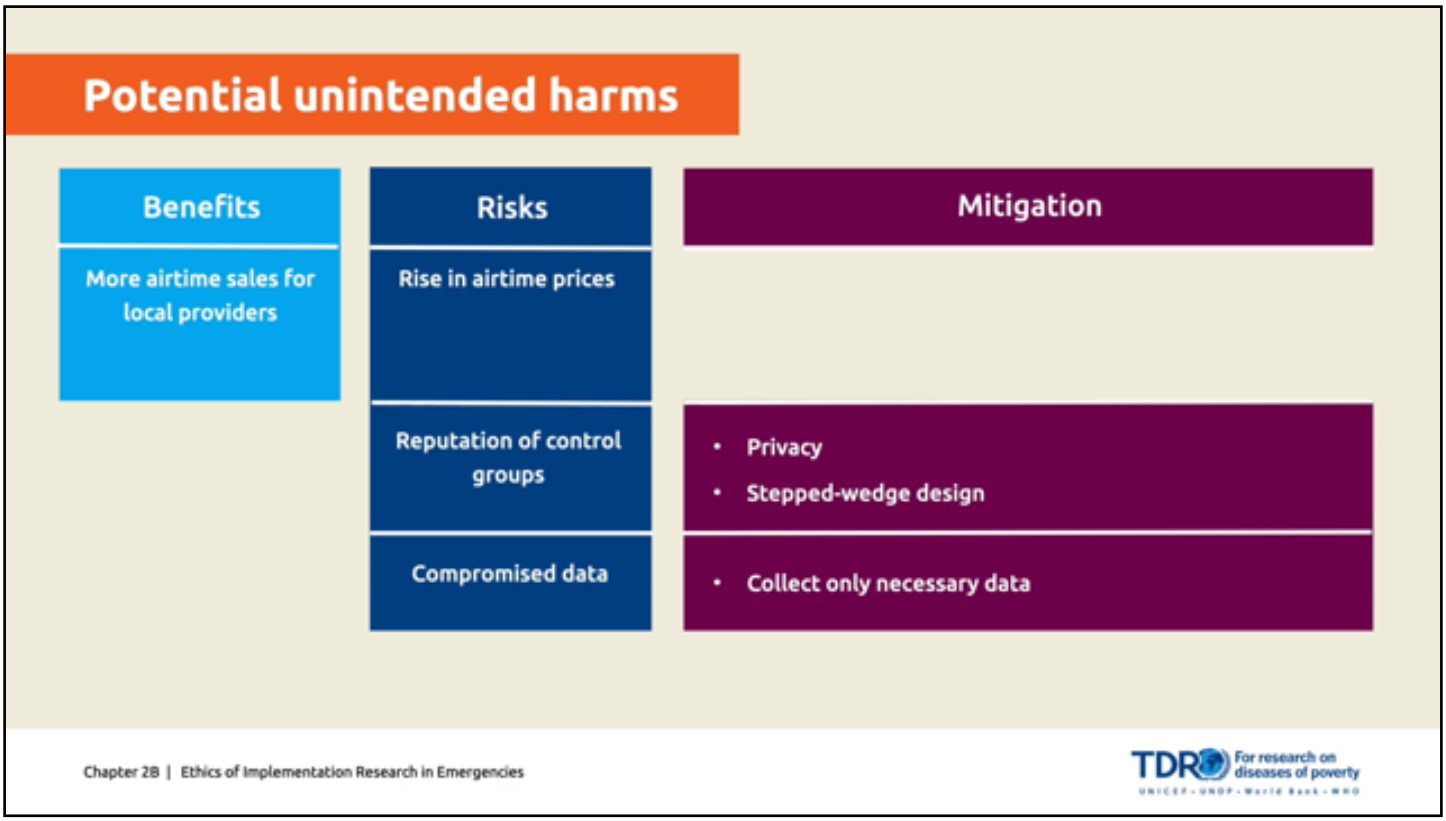


of compromise. As such, for example, collection of additional personal patient information beyond the infection rates and outcome would not be

notes

summary

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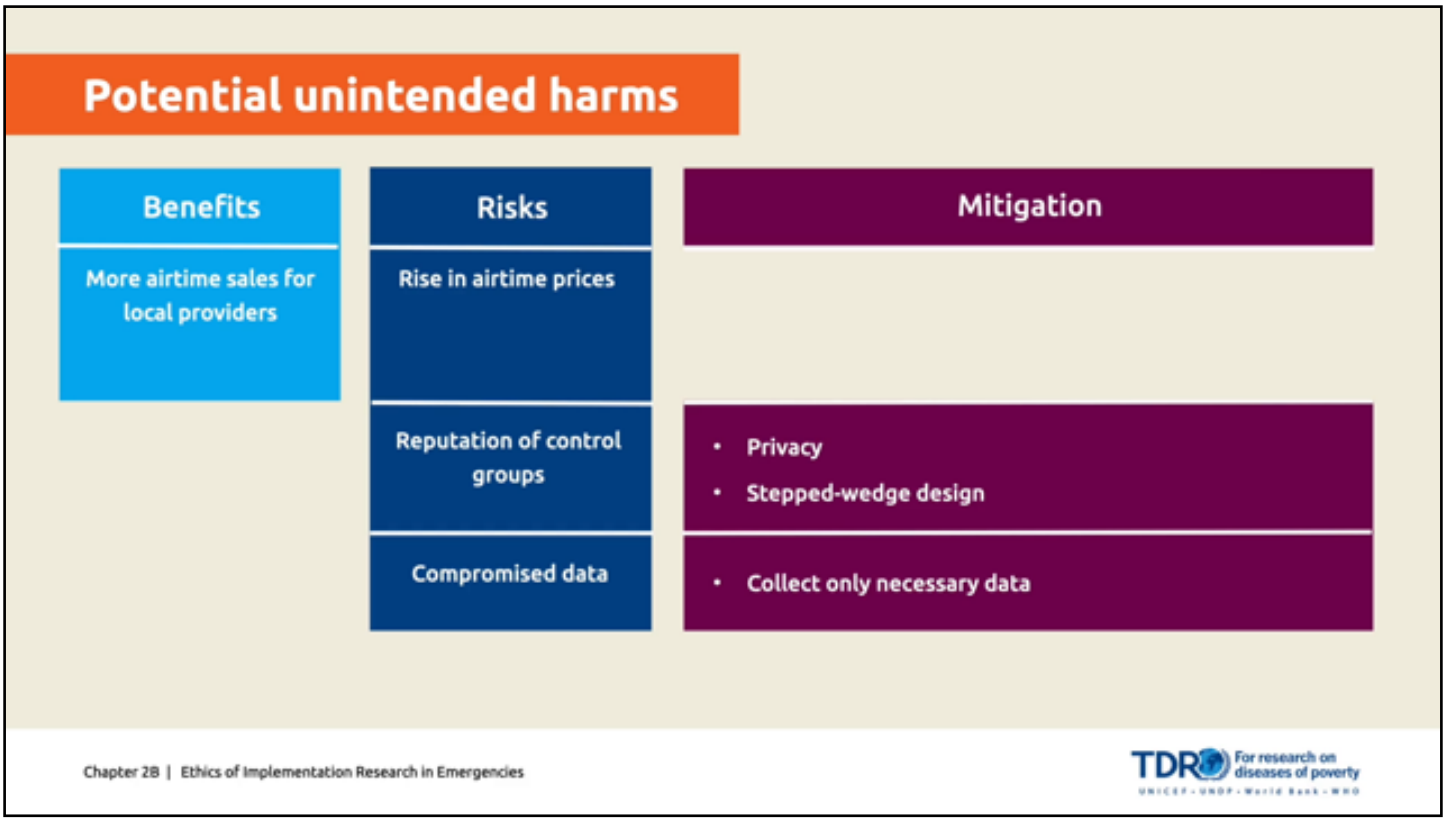


justifiable. Accountability and transparency require that researchers

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7m 57s

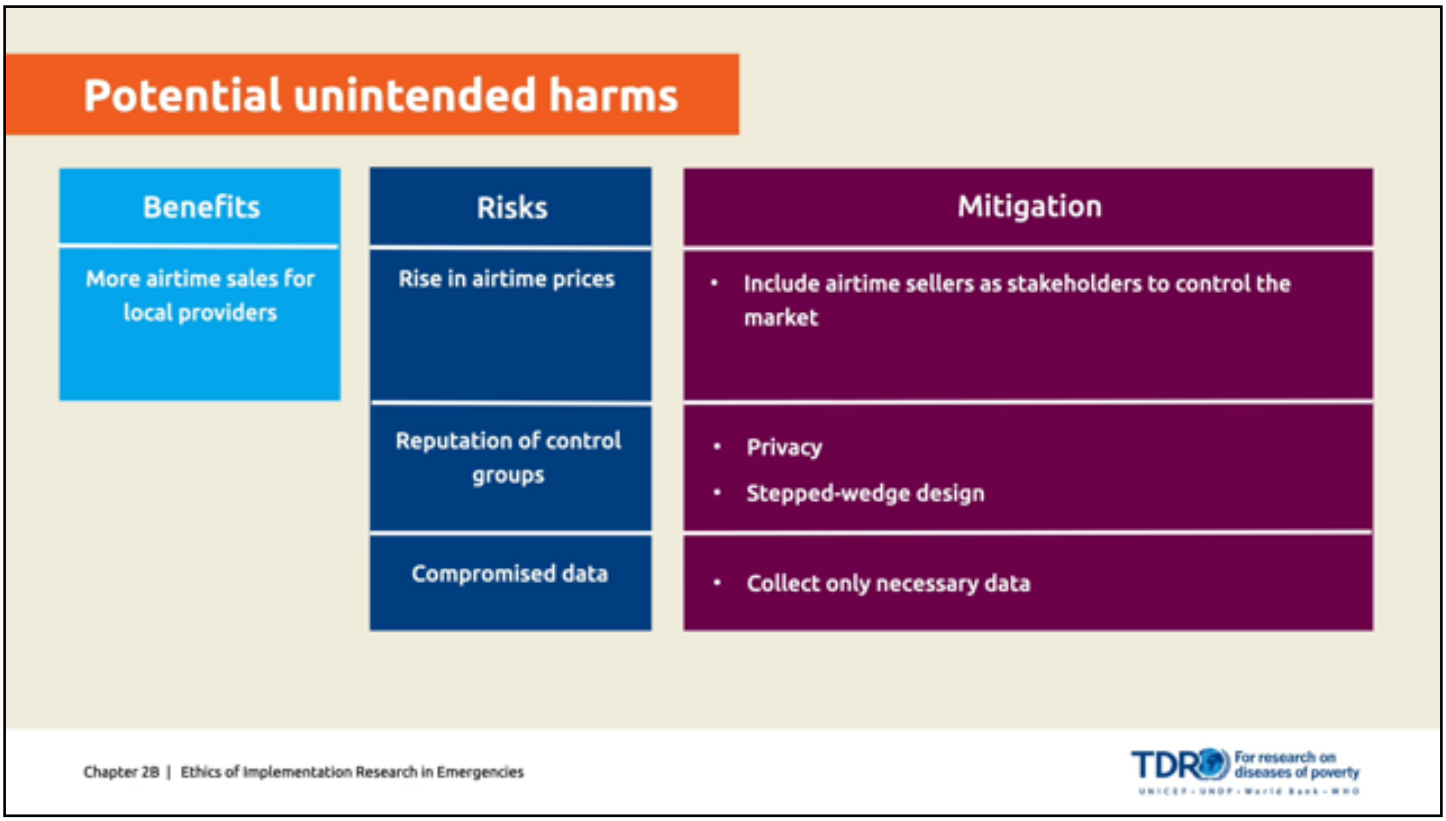


incorporate steps to mitigate potential harms, which may require more

notes

summary

8m 1s

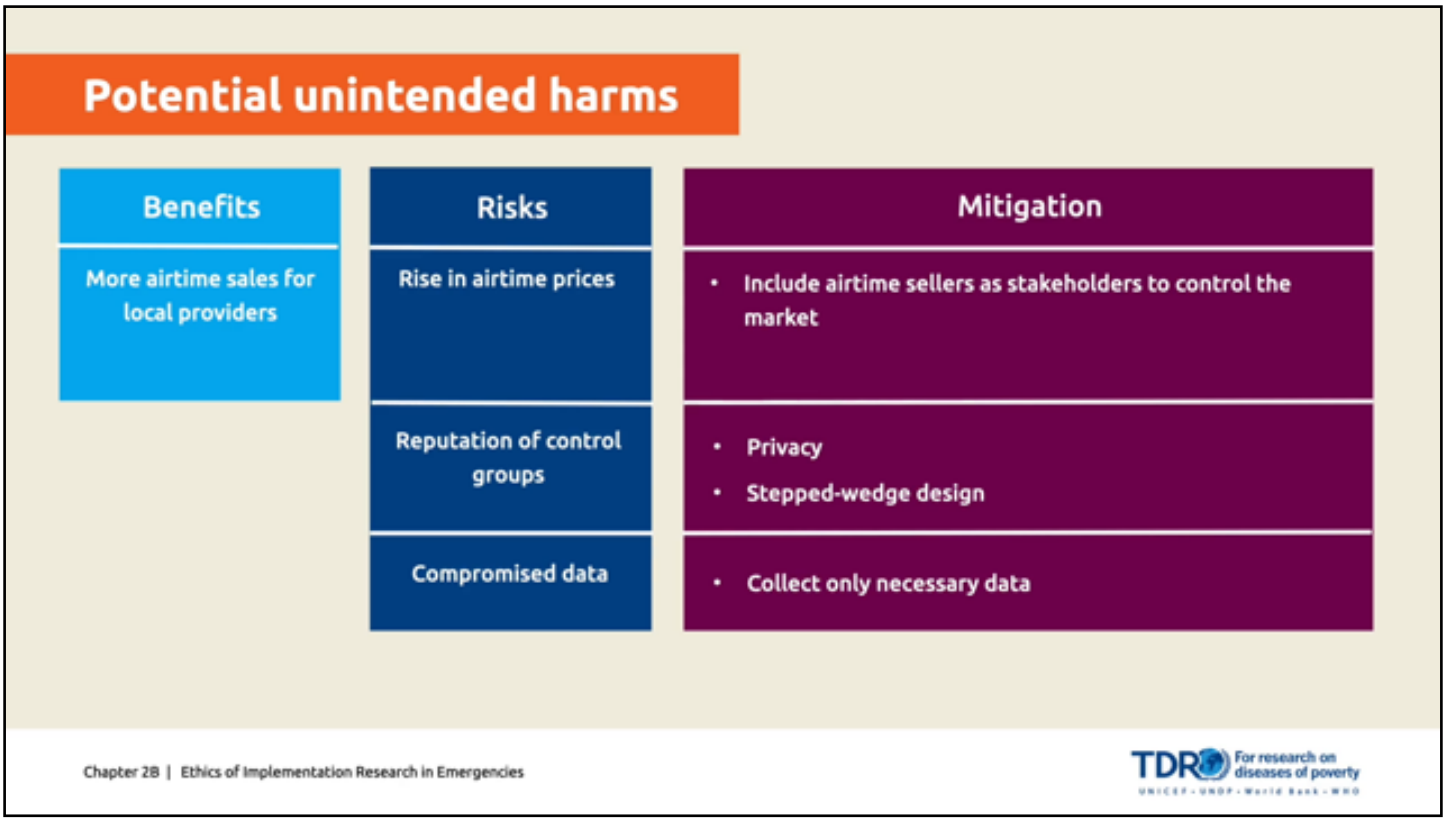


complex strategies in emergency settings. As an example, including

notes

summary

8m 13s

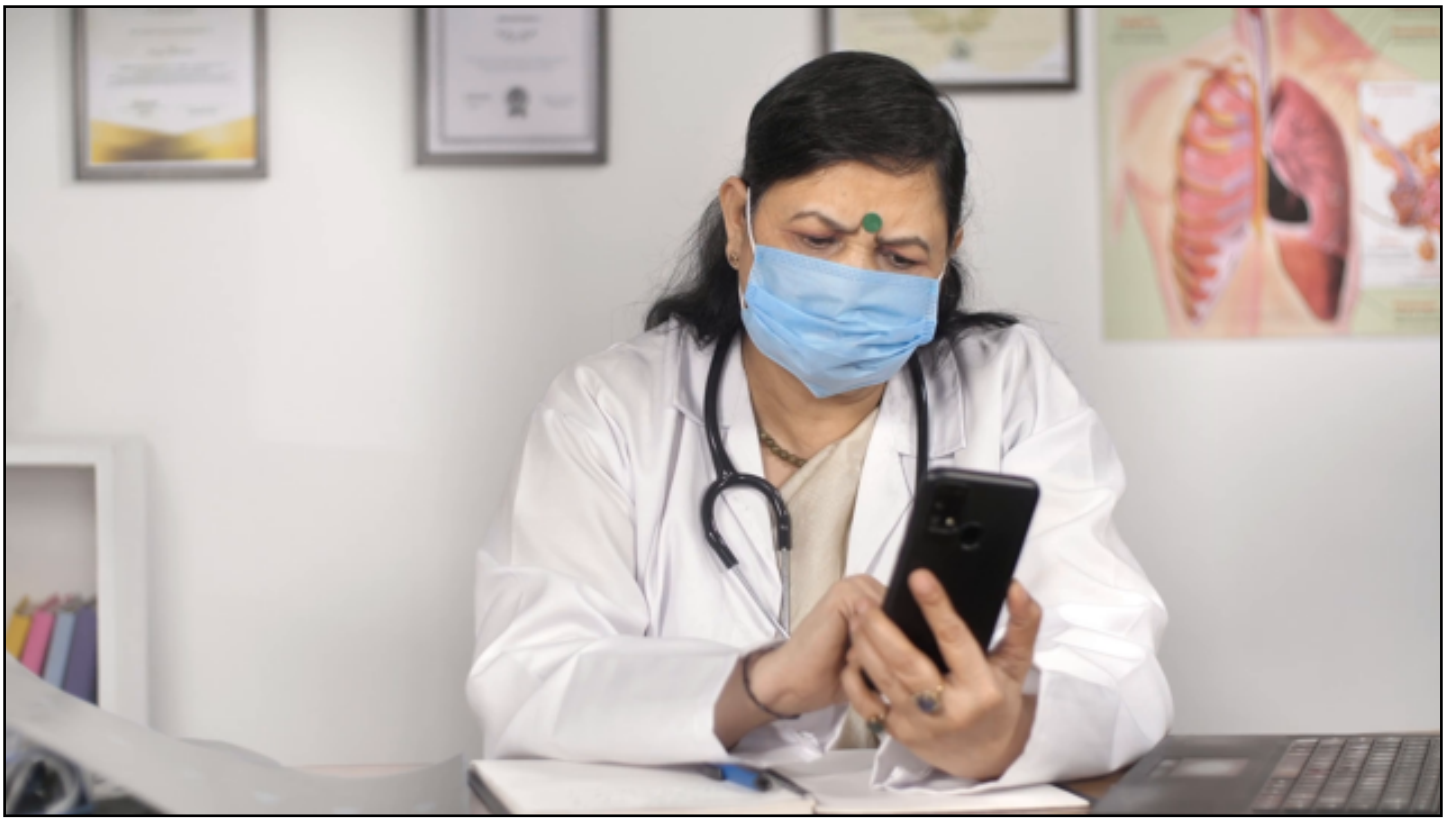


the airtime sellers as stakeholders at the study planning stage can help to develop

notes

summary

8m 16s

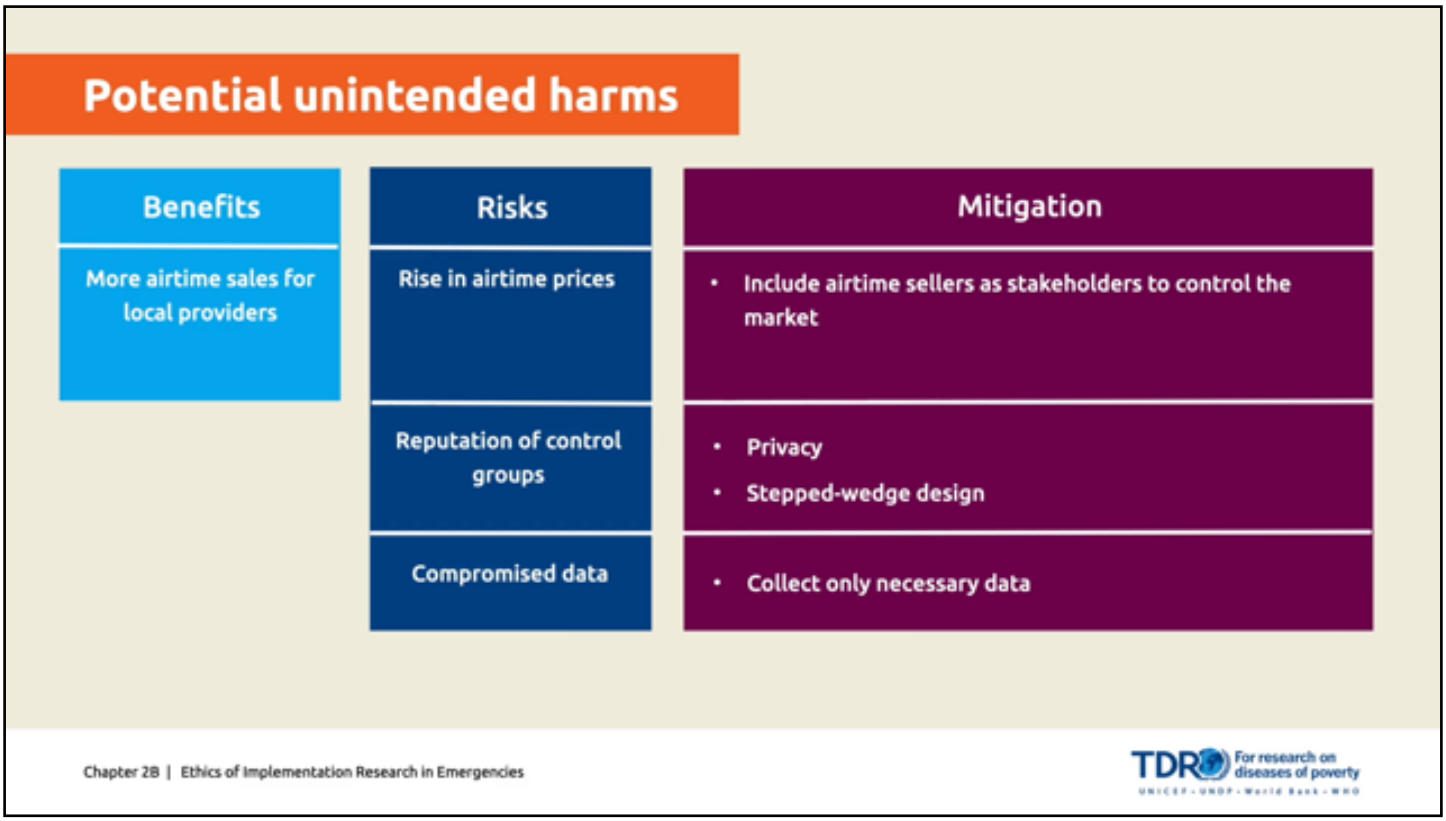


upfront strategies to mitigate potential exploitation and ensure clinicians have affordable and sustainable internet access to optimise study participation.

notes

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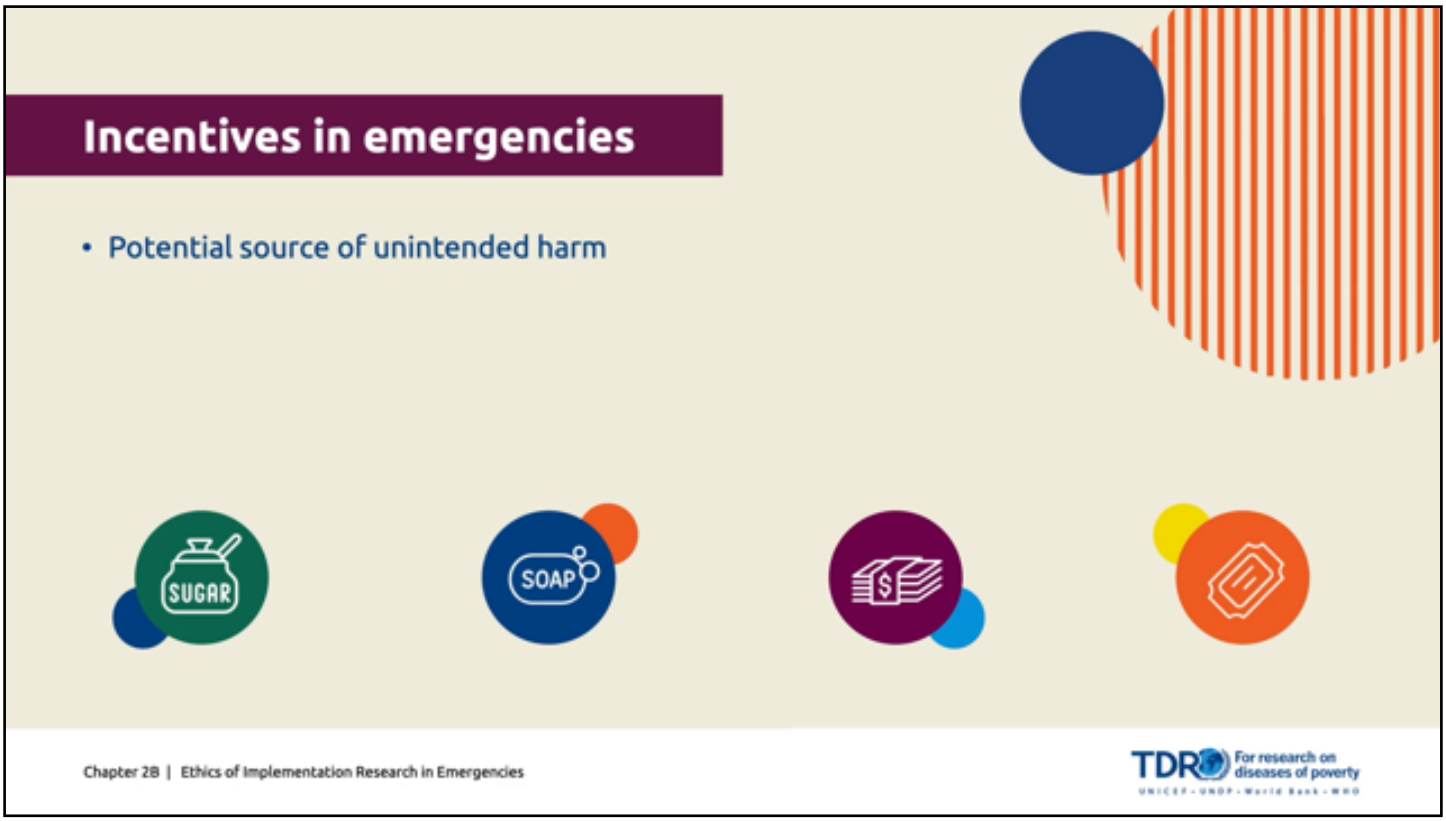


As another example, if curfews are in place, there may be fewer opportunities for airtime sellers to sell airtime on the streets. The researchers may need to engage a company to permit online topping up of airtime purchases, but would need to negotiate retaining some profits for the local sellers so as not to put them out of business. Researchers must therefore be especially alert to unexpected potential harm of implementation research conducted during emergencies, and set up processes to monitor and report

notes

summary

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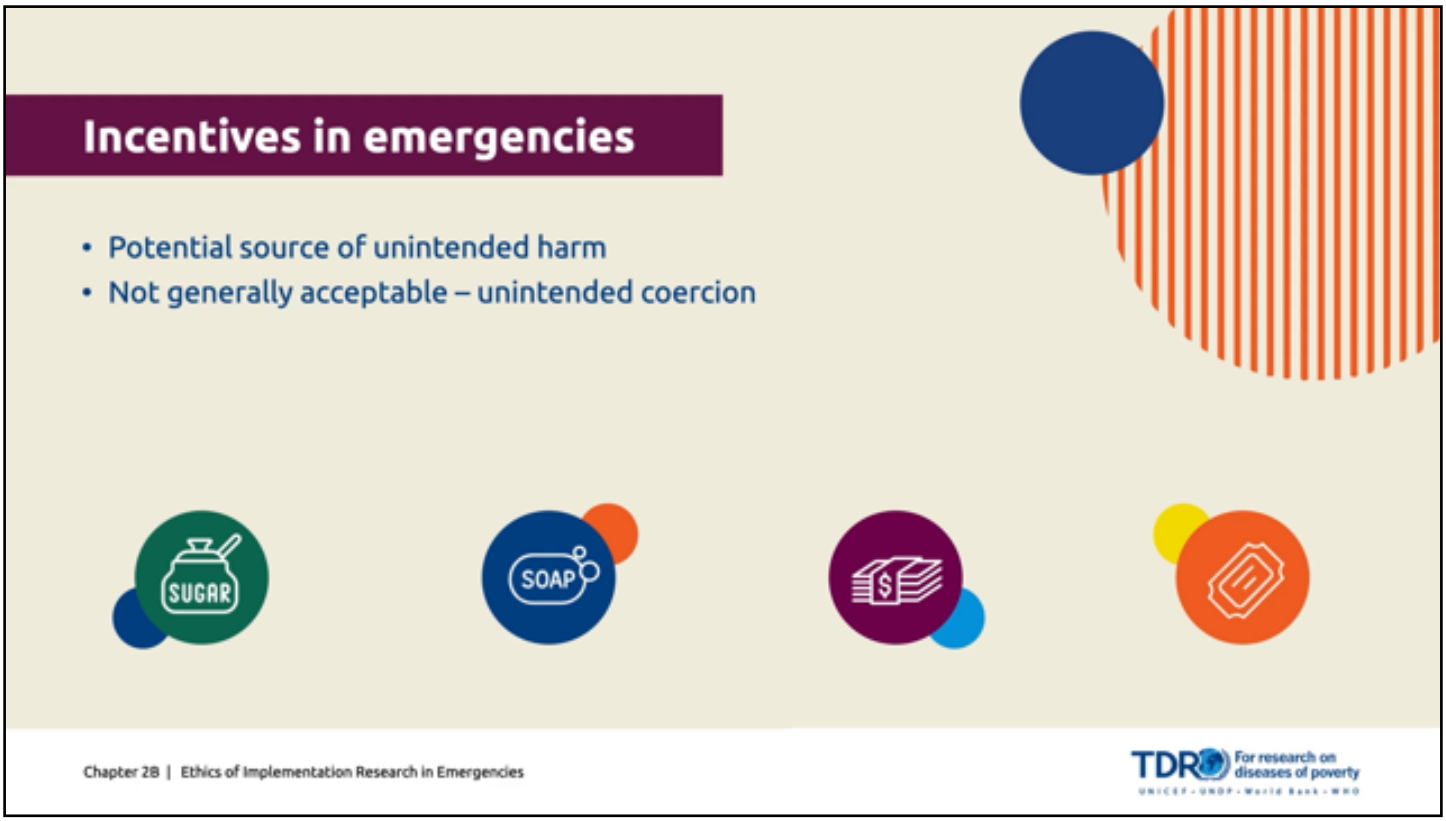


harms in a timely fashion throughout the study. A further potential

notes

summary

9m 35s

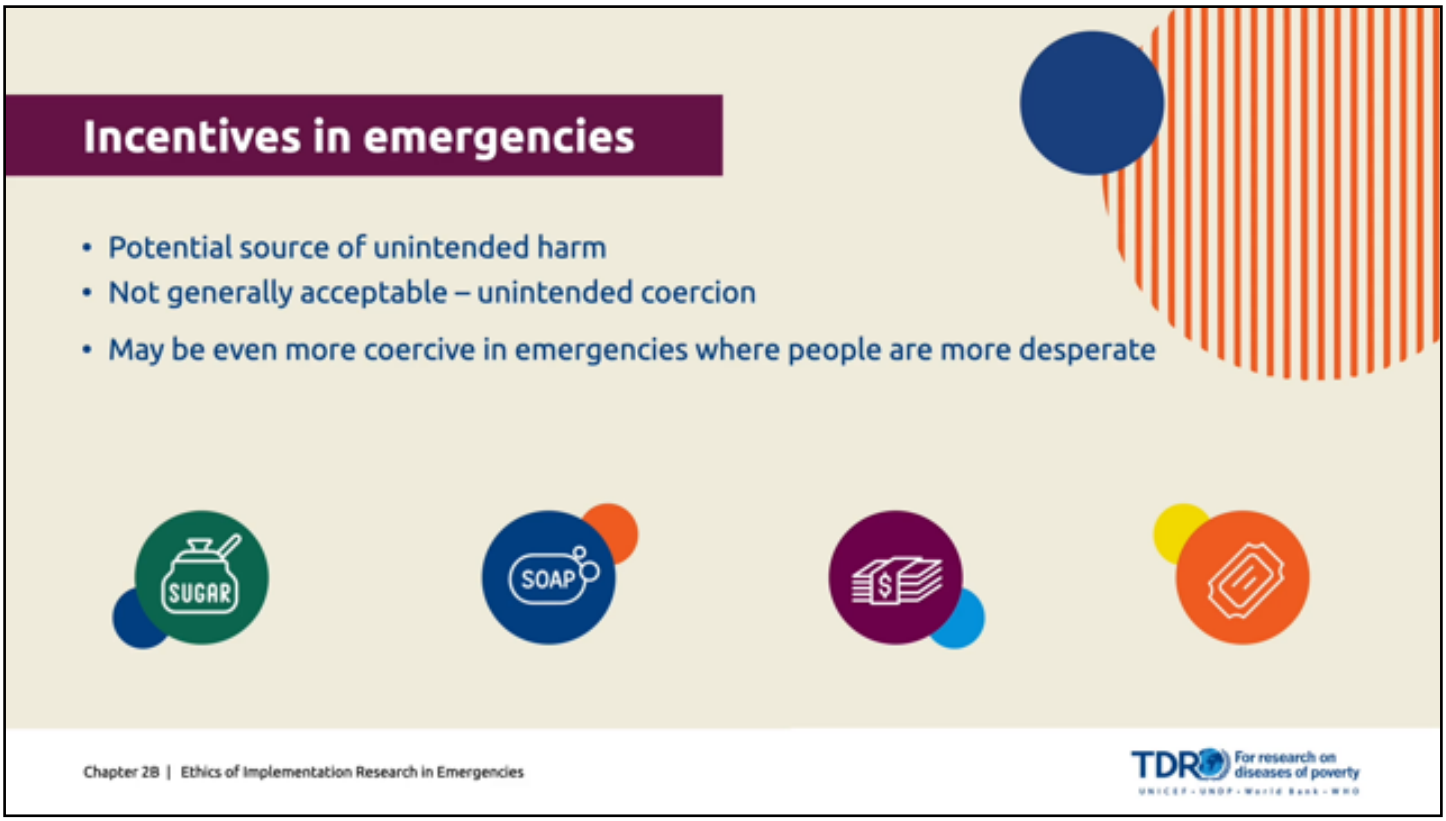


source of unintended harm is the use of incentives in implementation research. Incentives are often an ethical concern because even small gifts or financial contributions can lead people living in poverty or desperate for health care contact to participate in a study they would not otherwise join. From an ethics standpoint, undue influence or pressure to participate does not apply with participant autonomy. Incentives can be a form of unintended coercion, making participants feel they have no

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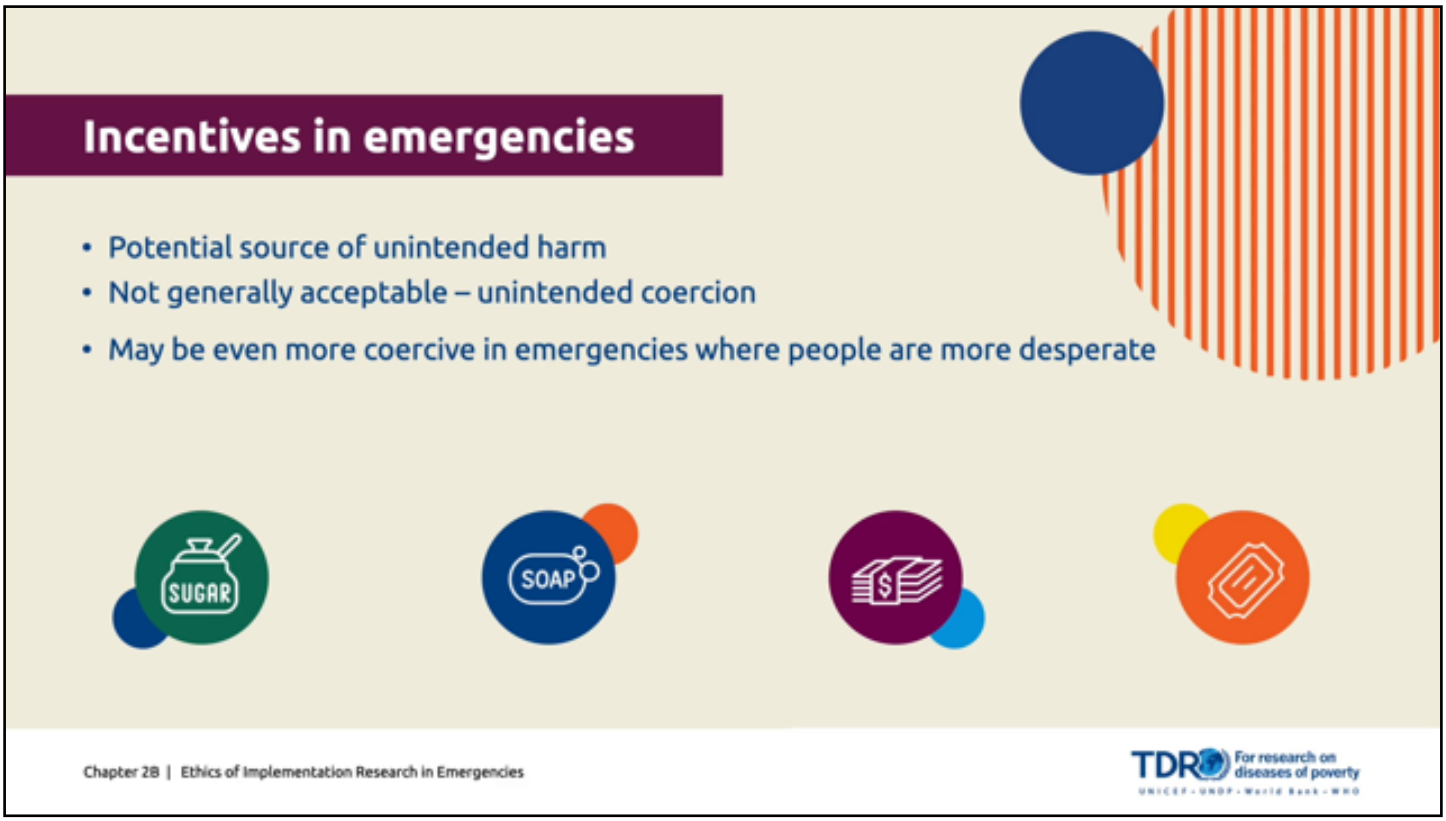


choice but to join the research. It is not hard to imagine that incentives

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10m 34s

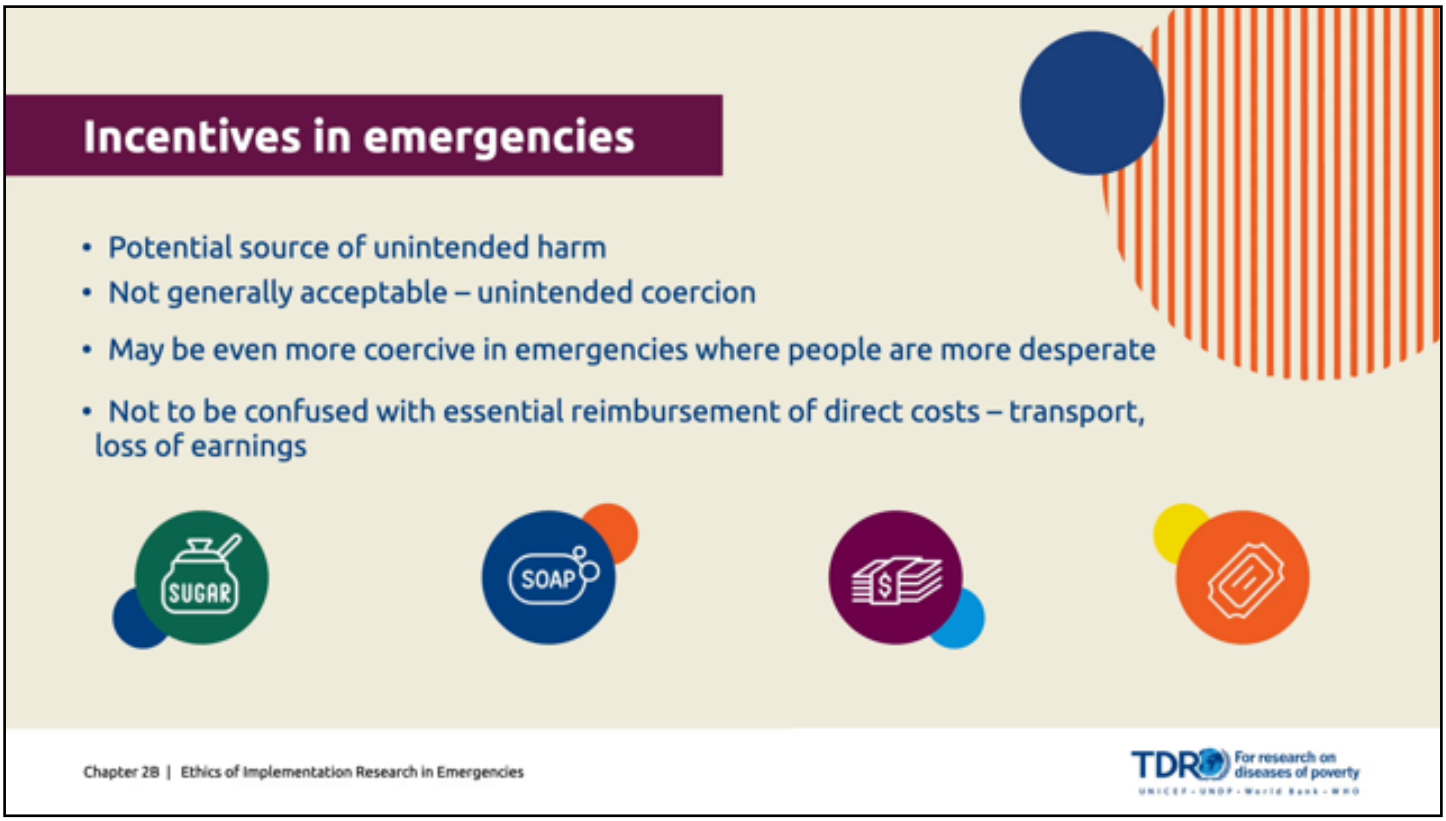


may be even more coercive in emergency settings, where all needs are

notes

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10m 42s



increased and poverty is exacerbated. Incentives must, however, not be confused with essential reimbursement of direct costs, such as transport or loss of earnings, which may be incurred because of research participation. These costs may increase during an emergency. For example, if

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summary

10m 49s

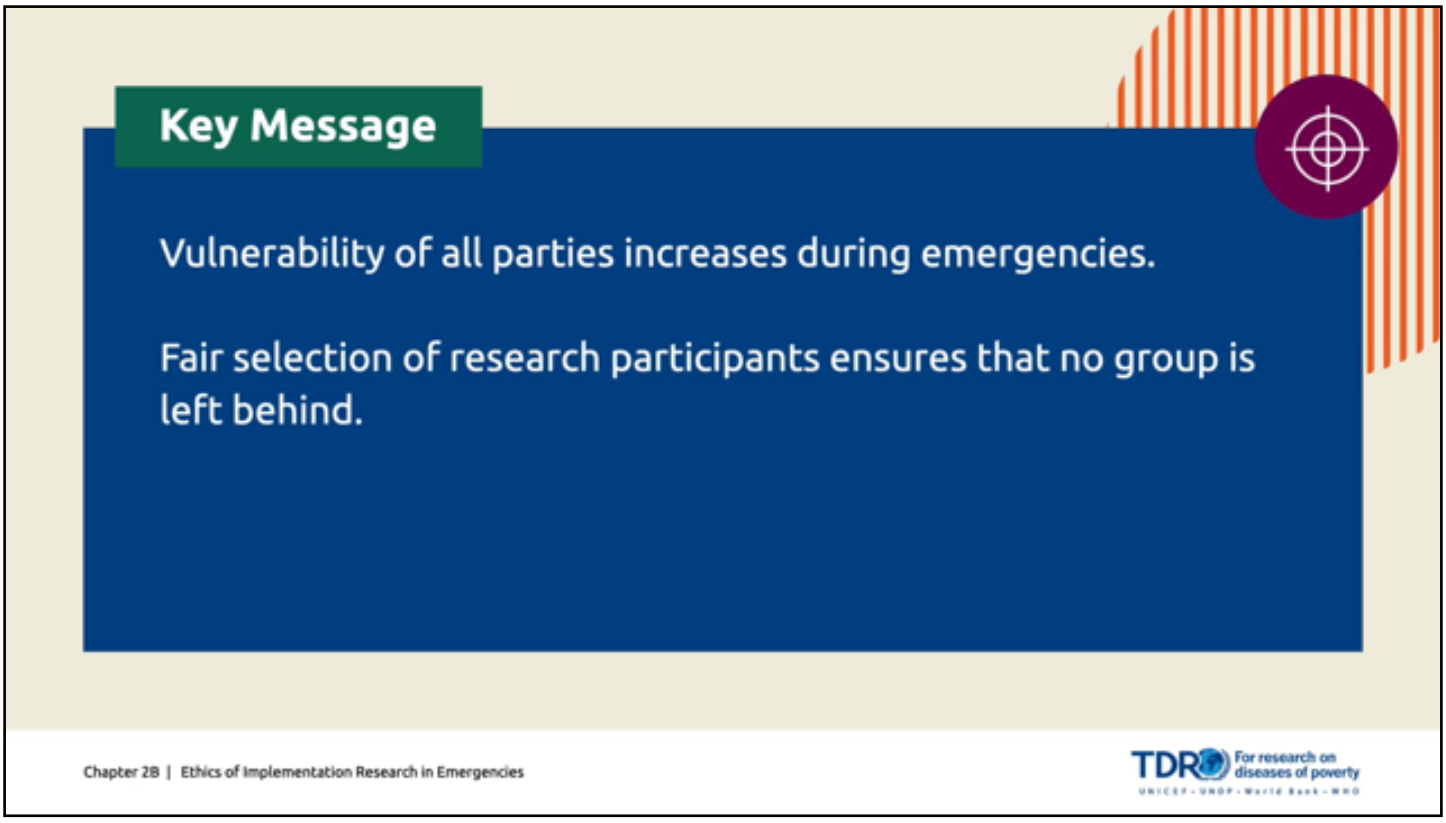


public transportation is less available and taxis are required, it is important that participants are not unfairly disadvantaged and exploited by participation in

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11m 13s

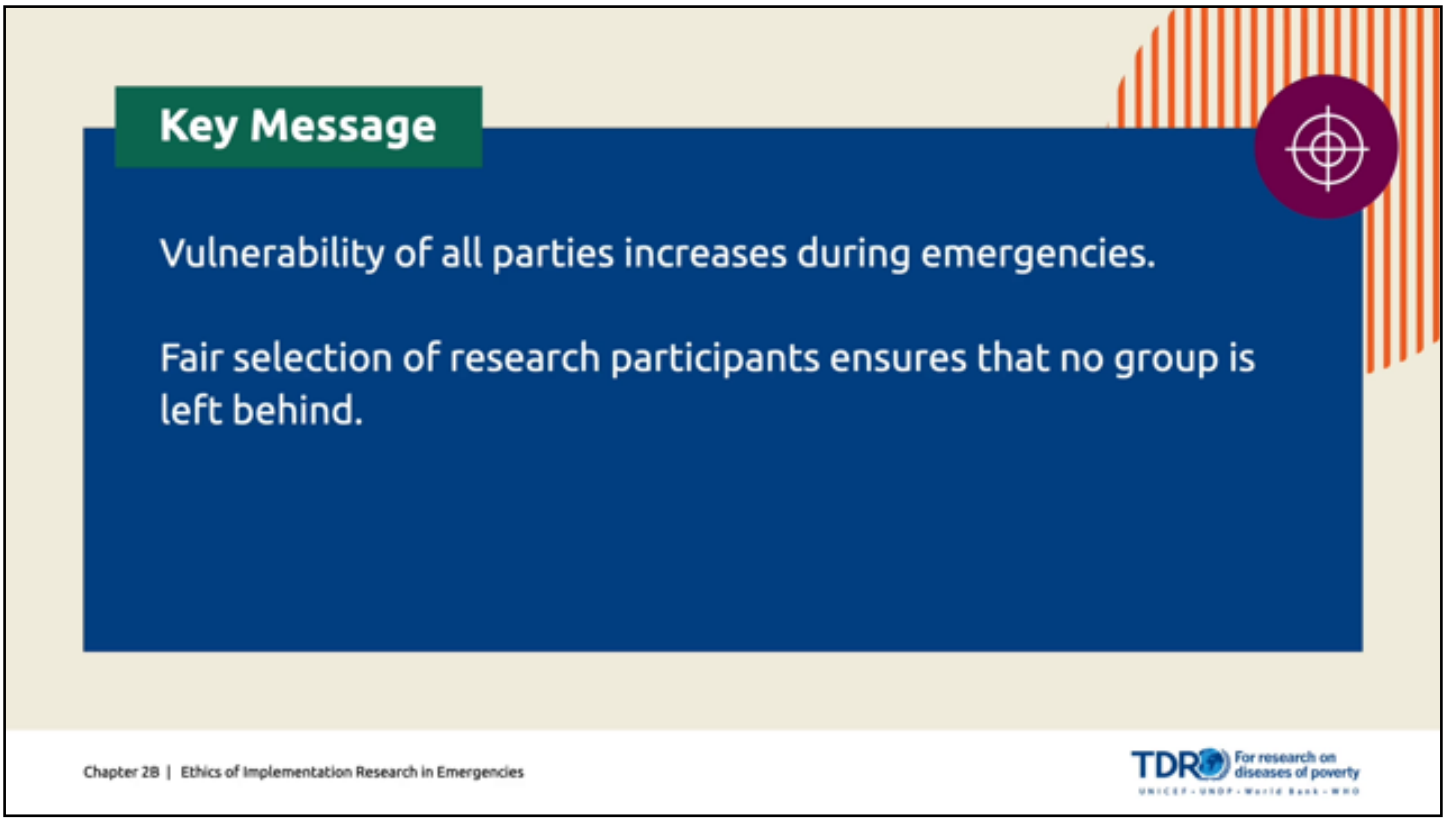


implementation research. This risk increases in emergencies. We have now gone through the thought processes necessary in the planning stage of ethical implementation research. Vulnerability of all parties increases during

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11m 25s

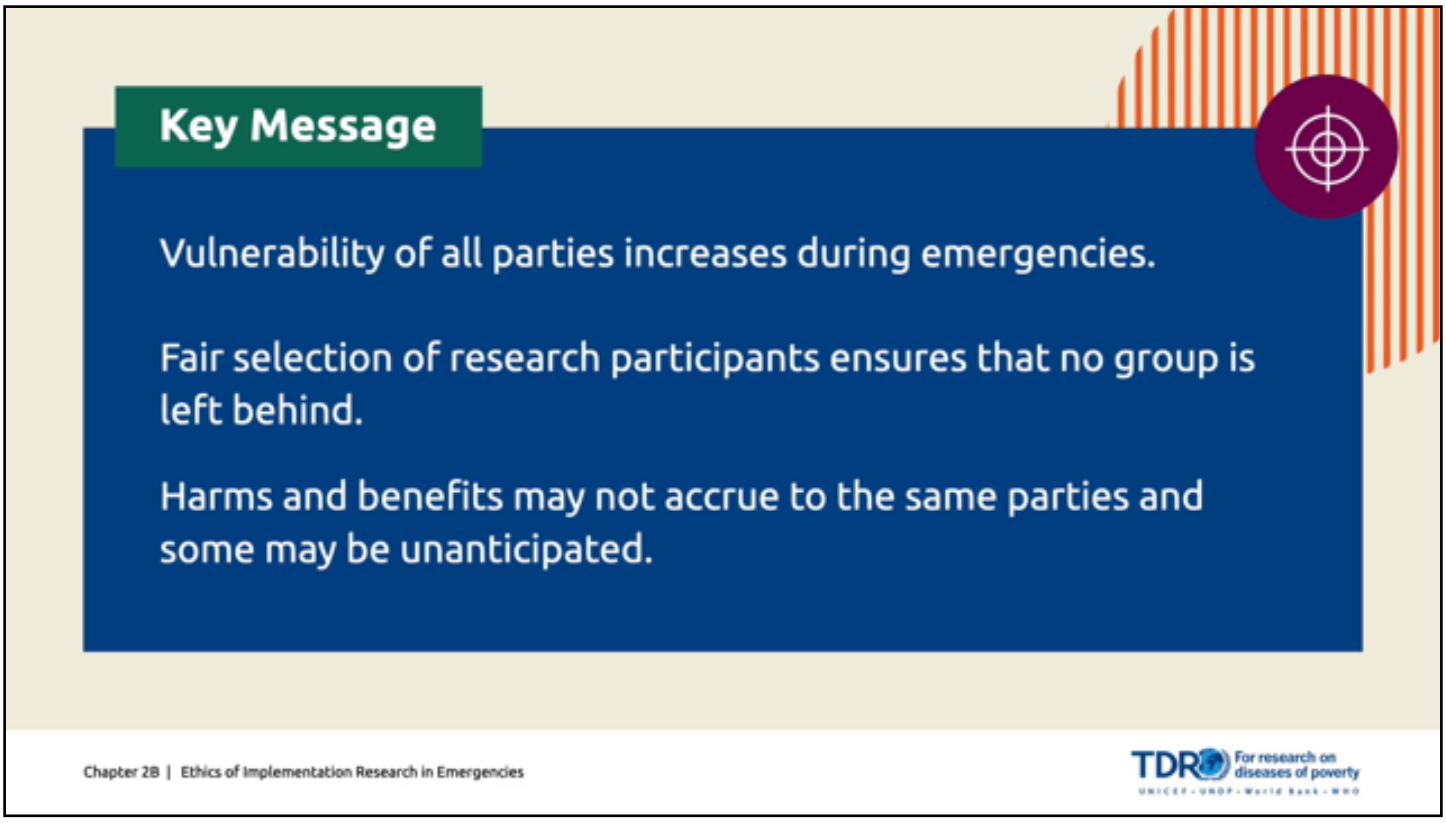


emergency. Ensuring fairness of opportunity to participate in implementation research will avoid exacerbation of vulnerabilities and mitigate associated

notes

summary

11m 48s

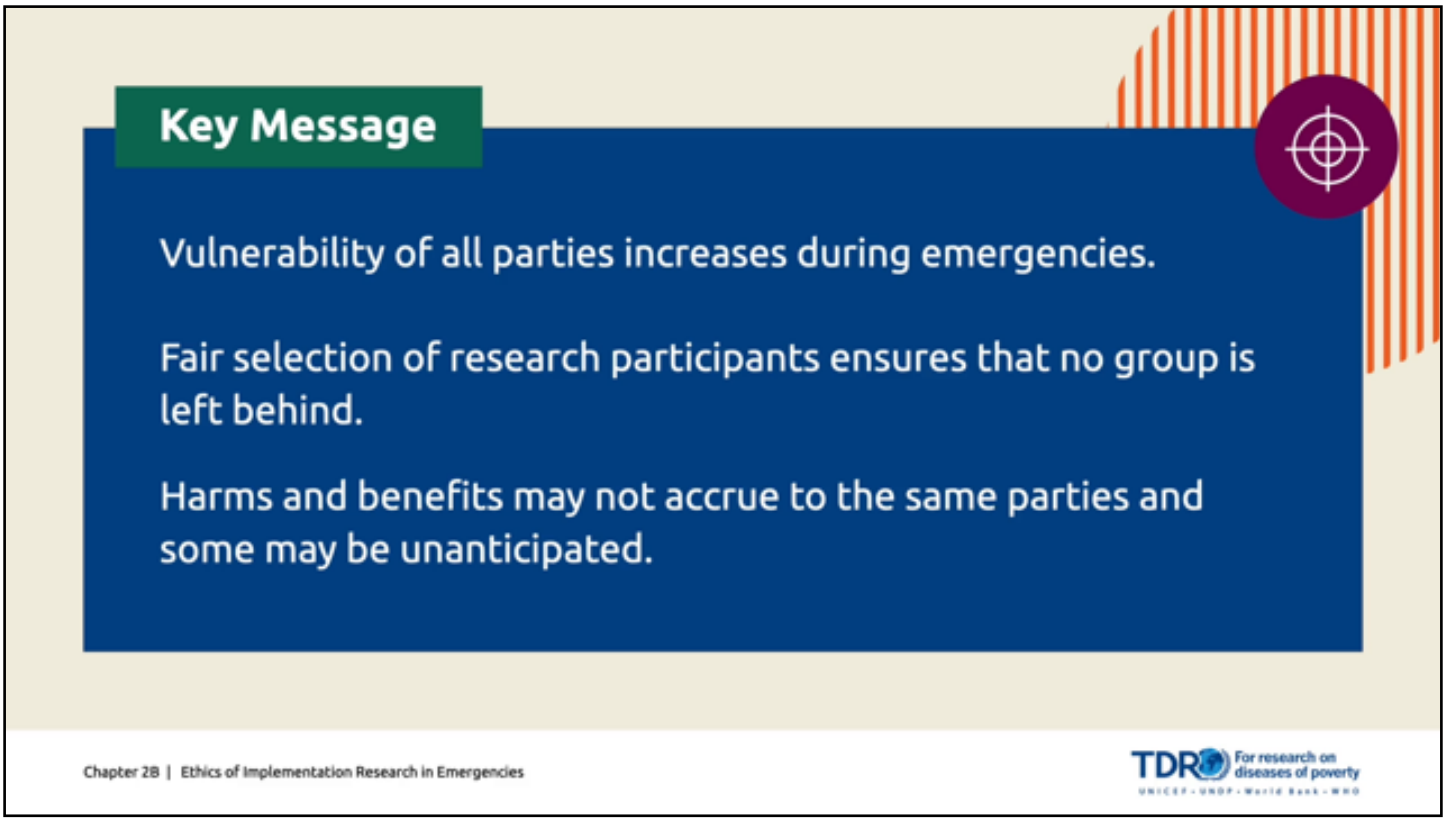


potential harms. Recognising that harms and benefits may not

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summary

11m 59s

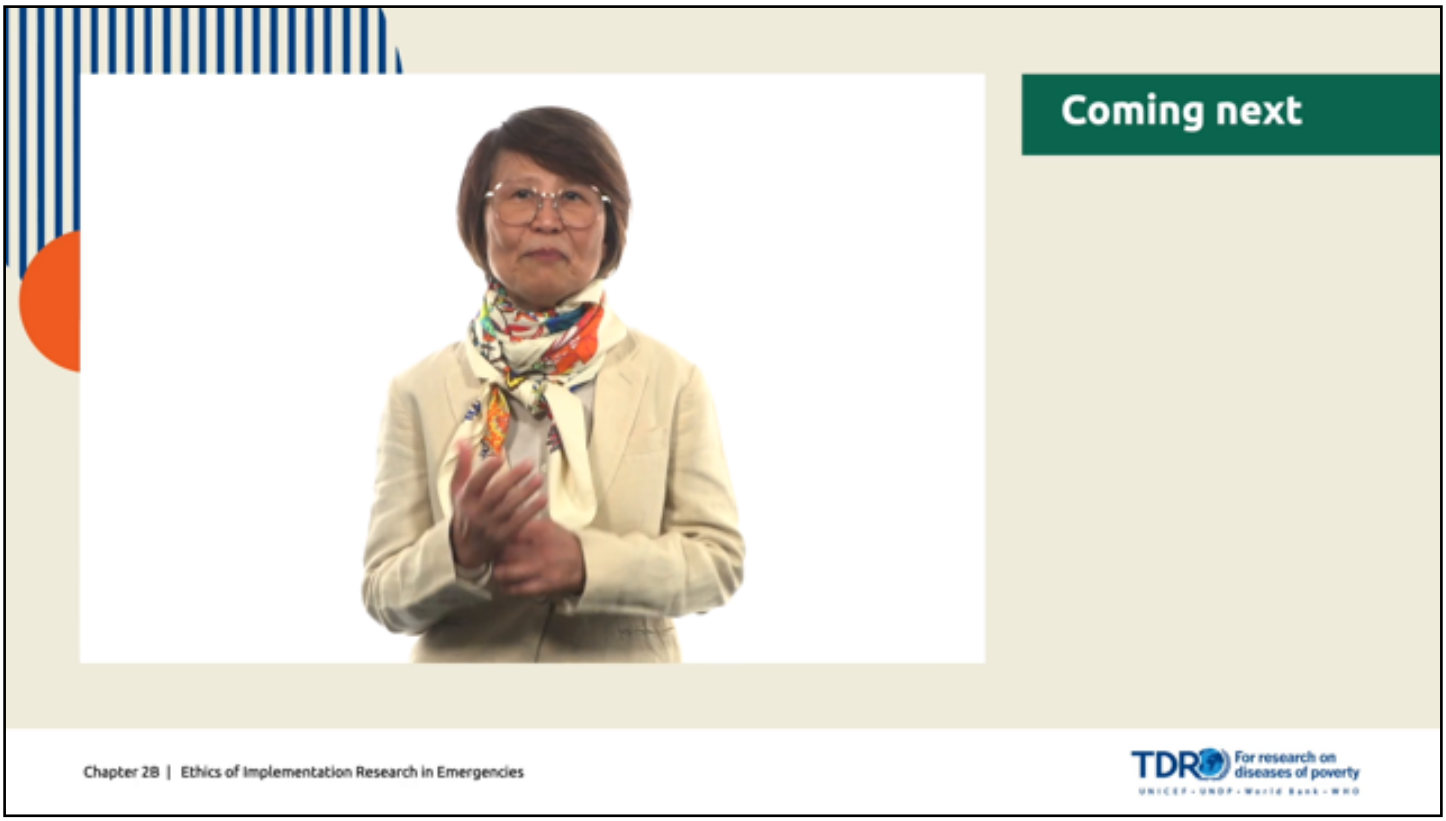


accrue to the same individuals and that some may be unanticipated requires implementation researchers to carefully consider how to balance all potential

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12m 6s



benefits and harms for all participants upfront. Careful consideration of who all the study participants are in an emergency, who else may be impacted by the research, and which benefits and which harms each of these may be exposed to requires an appropriate understanding of the study context.

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12m 23s



This is best achieved through appropriate community and stakeholder engagement at the planning stage of implementation research in an emergency. The ethical underpinnings of this engagement will be explored in the next chapter.

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