

NUFFIELD COUNCIL ^{ON} BIOETHICS

Children and clinical research: ethical issues

Stakeholder group meeting

**Mary Ward House Conference and Exhibition Centre
5-7 Tavistock Place, London WC1H 9SN**

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10:00 – 16:00

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Participants

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Background and welcome

Katharine Wright welcomed all the guests on behalf of the Nuffield Council's Working Party on children and clinical research. She explained that the aim of the day was to get feedback from young people, parents and coordinators of young people's groups on the Working Party's initial thoughts about its report.

Format of the day

There was a combination of presentations, films and discussion at tables/ feedback sessions, with a mixture of guests and WP members at each table. This note summarises the presentations, discussions, and feedback to everyone, for each of the sessions in turn. Inevitably there is some overlap between the sessions, as some fundamental points came up in each one. We've tried to capture all the points made – of course not everyone agreed with every point.

Session one: “What we’ve come up with so far”

Presentation by Bobbie Farsides, the chair of the Working Party (WP)

- The key question being tackled by the WP is how to go about balancing the need for research with the need to protect children and young people properly – while, most importantly, *involving* children and young people in the whole process.
- The aim of today is to find out what our guests think about what we’re thinking – and to help us make it better.
- The WP thinks that research with children is essential and we shouldn’t feel we have to apologise for wanting to do it – but it must be research WITH children, not ON children. Can we ‘protect’ children by involving them properly?
- The WP has also been thinking about children as ‘social agents’ – as people who have their own plans, their own opinions, who interact with the world on their own terms. Children should not be seen simply as ‘subjects’ to be protected. We also think it important to see children as part of their families.
- We have identified three big questions, to look at during the day: about how and whether children are ‘vulnerable’; how children take part in decisions about research; and how we decide what research is allowed to go ahead.

Film I: [Processes, papers and professors](#) – looking at how a research ethics committee (REC) discusses a research study into serious asthma, and what sorts of concerns the members of the committee had about the study.

Themes from the discussion of Bobbie’s presentation and Film I

Importance of research

- There shouldn’t be any question about the importance of research with children – we need to move away from the old-fashioned, protective approach.
- There are lots of negative associations with research that put people off: it’s seen as ‘scary’, and brings up images of monkeys in cages. The media tend to pass on these negative images (even though there are ‘good news’ stories about research too). Words like ‘experimental’ don’t help either.
- When you understand about research, it’s not scary at all. So we need to find ways of improving understanding. For example, there needs to be more information in schools (e.g. in ‘personal learning space’ time) – even in science A-levels, there’s very little information at the moment. The human side of research needs to be highlighted, so people have a better idea of real researchers – not Dr Frankenstein-type images! Campaigns by charities involved in research is one way; another might be open days or open access to animal labs to demystify what goes on there.

How we think about children

- It’s really important to think about children and young people in the context of their families – that’s something that never changes.
- We need a different word for ‘social agents’! You shouldn’t use language that isn’t meaningful to the people it’s about.

Importance of listening to children and young people about study design

- Children should be listened to about research, otherwise no-one knows what their point of view is.
- The researcher in the film should have discussed his research with children and young people first (for example with Ruby). One way of doing this would be with a focus group of children and young people with the same condition, who know what it's like. They could advise on what they thought were acceptable risks, because they have first-hand experience. When studies come to the MCRN young people's groups for discussion, they are often 'demolished' because they are so unrealistic.
- Researchers need more guidance and advice on how to involve children and young people: lots of people don't know about the MCRN groups, for example. It doesn't have to be a formal focus group either – researchers working in clinics could ask a couple of their patients to comment. There should be information about groups or networks who are willing to help, and a checklist of things to think about, including better design of information leaflets.
- RECs do ask researchers about how they've involved children in their study design, but it's a bit of a tick-box exercise. RECs aren't necessarily the most appropriate body to *enforce* children being involved in study design (involvement of children and young people doesn't automatically make the research ethical). Should this be the job of funders?
- Why wasn't a young person involved in the REC? On the one hand, the way REC meetings work at the moment might make it a horrendous experience for children and young people (long meetings, lots of papers); but on the other hand involving young people might lead to changes in the way the meetings work. Adults do need to 'think outside of the box' to find ways to make sure children's and young people's views are heard.
- Children and young people should be involved *throughout* the process of research: before, during and after. Your experience changes (for example what you think about an incentive might change). Being involved in *evaluating* a study is important: MCRN groups aren't often asked to do this at the moment.

Importance of listening to parents

- Parents can advise on study protocols too: the example was given of the parent of a child with a serious long-term condition becoming a qualified 'patient advocate'. A parent can see, for example, that additional trips involving blood tests every three weeks are not likely to be acceptable to families.
- Parents' feedback about *their* experience of their children being involved in research is important too. The impact on parents is often overlooked.

Information about taking part in a research study

- You need the right level of information for children at different ages: you can't give the same information sheet to a seven year old and 18 year old. In the film, the study should have been explained more clearly to Ruby.
- It would be good to think of different ways of providing the information – for example through an app that explained clinical trials, and then let you ask questions about the particular research study.

- There is a lower age limit for involving children in decision-making: Ruby is too young and might not understand what she's being asked. Ten might be a more reasonable age for a child to be able to make decisions.

Vulnerability

- There may be children who are vulnerable – but not *all* children are vulnerable! Look at the way children and young people operate in the MCRN groups.
- Children are not necessarily any more vulnerable than adults.
- Thinking of children as vulnerable can be an unhelpful label – it can 'stop the conversation' about taking part in research, rather than helping people think carefully about how each child needs looking after.
- On the other hand, thinking of children as vulnerable can be a useful flag to make sure they are properly protected (e.g. through regulations, safeguards and safety monitoring).
- We should trust children to make their own decisions – as long as there has been proper review beforehand, and they have enough information. (For example young children are allowed to choose to go up a climbing wall because their parents trust that there are regulations to make sure the wall has been built properly and won't collapse.)
- A lot depends on how children are brought up: have they been encouraged to do things for themselves from a young age, or have their parents done everything for them? But this can be two-way – parents' behaviour to their children may partly be a response to how their children react to things in the first place.

Risks

- Thinking about the film, two weeks seems a long time to take a child off their asthma medication – could it be shorter?
- Children and young people with asthma could advise on what is an acceptable risk, as part of the review process. Then if the study goes ahead, the child/young person should make the final decision on whether or not to accept that risk and take part in the study. (The young person's parents and doctor could offer advice and make suggestions of things to think about – but the final decision should be the young person's.)

Incentives

- There were differing views on whether children and young people want incentives to take part in research. One young people's group rarely came across offers of incentives. However, it might seem unfair to give incentives to adults, but not to children, when they are taking part in similar research.
- If research might benefit you, or people with your condition, then that might be enough incentive on its own.
- If you're being asked to go to some trouble, and you're not getting any benefit yourself, then maybe a cash incentive would be fair.
- An incentive could be seen as an 'added bonus'.
- Actual expenses (e.g. travel) should be reimbursed – if not, that creates barriers to research.

Session two: Vulnerability and protection: how much ‘looking after’ do you need?

Presentation by Liz Davies, paediatric nurse and member of the Working Party

- The dictionary definition of vulnerability is “capable of being physically or emotionally wounded or hurt”.
- The dictionary definition of protection is “to preserve from injury or harm”.
- Are children and young people vulnerable in research? Or *less* vulnerable than others? Or invincible?!
- The law says you have to be a certain age to do particular things (e.g. you can say ‘yes’ to medical treatment as soon as you can understand what’s involved, but have to be 18 to say ‘no’ to treatment your parents want you to have; you have to be 16 to join the army or have sex; 18 to buy alcohol or cigarettes).
- These age limits may be chosen because the decision is **complicated** to make (are you capable of understanding it?), or because it’s seen as a **bad** thing to do (like smoking), or because of the **risks** involved (are you old enough to take on the responsibility for that risk?)?
- Research shouldn’t be bad, and may not be complicated (some decisions about research are very simple) – so is it looks like the main concern is about risk. When is it reasonable to ask young people to take **responsibility** for making a decision about risk?
- The law seems very inconsistent about risk and responsibility. As soon as you are ten years old, you are held responsible if you do things that are against the law (the age of criminal responsibility) and can even be locked up. Preventable accidents such as those caused by fire and falls are the most common causes of children’s injuries. An older child wouldn’t hesitate to stop a two-year-old running into the road – because they’re older, they understand the consequences, while a two year old doesn’t.
- One of the good things about being a child is you have parents to help. Do children and young people need **protecting** from the responsibility of decision-making – or to be **involved** in making joint decisions as they get older?
- Are children actually **made more vulnerable**, if they are not involved? It is very important for children to have control over their lives, and things that affect them.

Themes from the discussion on vulnerability

Are children and young people any more vulnerable than other people?

- Vulnerability should not be dismissed altogether: sometimes children and young people need help making decisions.
- Some children, such as young babies, are clearly vulnerable, but even young children can make decisions for themselves if things are properly explained.
- In some ways children and young people are more vulnerable than adults, because they’ve not learned enough – but they also need *chance* to learn, and to make their own mistakes.
- When children get a little older, there is a strengthening of self-direction that moves them away from vulnerability. For example at age eleven you start taking more responsibility for yourself, when you start secondary school and spend increasing amounts of time away from your family.

- The term vulnerable can't be used in isolation; we are always vulnerable **to** something specific, and the things that we are vulnerable to change over time.
- Adults can feel vulnerable in some situations – for example if they are unwell, or if their child is unwell – they just feel less able to admit it. Where parents are vulnerable for a particular reason (e.g. where there are language barriers), then some form of advocate would be helpful for the child.
- Children and young people living with particular conditions or disabilities are often seen as 'more vulnerable' – but they don't want to be treated differently from their friends.
- Being the older child in the family may help you take on responsibility – you're more used to taking responsibility for your younger brother or sister, and you are trusted to do more.

What makes you more or less vulnerable?

- Vulnerability is linked with empowerment – the more empowered you are, the less vulnerable you are. But you can be also made vulnerable by being given too **much** responsibility.
- Being in an unequal power relationship (eg with health professionals) makes you more vulnerable. People often want to please – and worry about saying 'no' to research, either because of a sense of gratitude to the NHS or because they worry that saying 'no' may affect their care.
- Information, and the ability to seek out information, makes you less vulnerable – if you're armed with information about possible side-effects of a study, for example, you would know what to do if the side effects happen. If your parents and teachers have that information too, that also makes you feel less vulnerable.
- Poor relationships or poor communication between researchers and parents/young people can add to nervousness and anxiety.
- Parents have an insight into how their children handle situations, and so their involvement may make their child less vulnerable.
- Apps and social media may be one good way of providing information, especially if they are interactive. What really matters, though, is that the communication is good – whatever form it takes. The MCRN has produced advice to researchers on how to make information accessible to children with learning difficulties or mental health problems, using methods such as pictures and assistive technologies.
- If you *recognise* what makes you vulnerable, you or your parents can take action to protect yourselves (for example to ask for more information).
- Being *prepared* can make you less vulnerable. For example, general knowledge about research, and the sense that research is a 'normal' part of healthcare, makes you more prepared if you are asked to take part in research. Being put on the spot in front of strangers makes you vulnerable – an example from everyday life.
- You may be less vulnerable in a trial, than in ordinary treatment – you may actually get better treatment and information.
- If there are lots of people taking part in the research study, that takes the pressure off those taking part and reduces vulnerability – they don't feel the need to be a 'good' research participant.
- An outside body looking at the risks could help decide whether the research would make a child more vulnerable. Children are not necessarily vulnerable *before* entering the trial.

Being protected and protective

- What are children and young people being protected *from* in research: is it risks? Or is it from pressure from researchers to take part? (E.g. if you don't feel you can refuse). The power relationships in research may mean there is a need for protective measures.
- Being protective is not just about age – it's also about relationships and about not wanting to hurt/worry people you love. An example is where young people with very serious illnesses don't want further treatment because they feel they have gone through enough – they ask the nurse to tell their parents for them, because they are so worried about upsetting their parents.

Being over-protective

- Parents often try to protect their children by limiting information (for example about how serious their illness is) – but then the children/young people find things out for themselves on Google.
- Teachers and parents may try to protect children living with particular conditions, for example by checking with them “are you sure you can take part in this PE lesson?” or not letting them play outside. However, children and young people may find this *over-protective*. The teacher or parent is acting with good intentions, but children would often prefer to make those decisions for themselves.
- More generally, parents seem to be becoming more protective of their children in ordinary life – for example in not letting them walk to school on their own.

How could researchers design research better for children?

- Identifying possible problems in a proposed study from the perspective of young people – this helps to level the playing field and gives young people more control (which in turn makes them feel less vulnerable). This can be done at two points – when designing the protocol in the first place, and when creating information sheets and consent forms. It's useful for groups commenting to get feedback on their feedback – e.g. being shown the revised forms.
- Information sheets that are very clear, and free of jargon. *How* questions are asked is important - for example writing “please answer everything” can have a negative effect because participants feel they *have* to answer everything.

Session three: Ranking game – making decisions about what research gets done

Challenge 1: Each table was given £1 million in paper money, and invited to distribute it between five boxes representing five different kinds of research:

- 1 Research into minor illnesses that affect lots of children - like colds and flu
- 2 Research into very serious illnesses that affect a few children
- 3 Research into serious illnesses that affect lots of children in poor countries – like malaria
- 4 Research into how children feel about being ill and how they like being cared for
- 5 Research into the ways of training doctors and nurses to look after children.

Results:

	Table 1	Table 2	Table 3	Table 4
Box 1	£50K	£250K	Specific amounts not allocated – general discussion on principles	£100K
Box 2	£260K	£400K		£150K
Box 3	£480K	£150K		£150K
Box 4	£90K	£100K		£100K
Box 5	£120K	£100K		£50K
Box X				£450K

Discussion

- There should be a sixth category (box X): research on serious illnesses that affect lots of children in many places around the world.
- Money should be allocated by thinking about which research would provide the most benefit overall (the biggest effect on the largest number of people).
- What difference does it make where in the world children live? Should we distinguish between children in other countries and in our own country? One approach might be to argue that we have more responsibility for children in our own country, but should make *some* contribution towards research in less wealthy countries – and hope that other developed countries will do the same. Another might be to argue that we have a moral responsibility to put money into helping countries that don't have a good healthcare system.
- Diseases don't just stay in one country: illnesses that mainly affect people in developing countries are transmitted to other countries. For example, TB is beginning to affect more children in the UK again.
- We should invest in rare diseases because we don't know how many children might be affected by them in the future, and the research might also discover things that are relevant to other conditions.
- How do you define 'minor' illnesses? What about illnesses like asthma that are well-managed in lots of children, but dangerous for others? Flu can be very dangerous too.

- On the one hand, people just have to live with minor illnesses; but on the other hand, so many people are affected by them, it's worth spending money on research.
- All illnesses are important – so boxes 1, 2 and 3 should all get the same amount.
- Some kinds of research might be able to get money from other sources – e.g. training budgets might help pay for research in box 5. And shouldn't doctors know how to look after children already?
- It's more important to find treatments for illnesses than to ask about how children like being cared for – and there may be other ways of finding that out too. On the other hand, if children's perspectives aren't included, the research might not concentrate on the most important outcomes.

Challenge 2: participants were given seven red cards (and two spares) listing people who might have a say in how money should be spent on clinical research with children. Who should have most, some, or least say? Had anyone been missed out?

People on the seven cards who might have a say:

- Young people
- Parents/guardians
- Researchers
- Doctors
- Department of Health
- Pharmaceutical companies
- Charities

Discussion

- Three additional groups of people were identified who might have a say: patients/participants, members of the public; health economists.
- 'Doctors' should be changed to 'health professionals' to include everyone working in children's healthcare.
- One table thought everyone should have an equal say (cards arranged in a circle, around the health economists).
- The Department of Health had 'most say' at two tables, and 'some say' at the remaining table (seen by some as representing lots of different interests and therefore being more neutral).
- Young people (either as patients/participants, or as the 'young general public') came next after the Department of Health, as having the most say.
- Health professionals generally had 'some say'.
- The tables had very different attitudes to the role of researchers: one table said 'most say', one 'some say' and one 'least say'. Researchers were thought to be biased and likely to argue for their own interests.
- Pharmaceutical companies and charities had 'least say' on two of the tables, although the remaining table thought they should have 'some say'. Charities, like researchers, were thought to be biased – but it was also noted that they were providing money for research.

Session four: Assent and decision-making

Presentation by Kate Harvey, Research Officer, Nuffield Council on Bioethics

- This is summary of what we've learned so far – from our own online surveys and schools workshops, and from reading other people's research. We want to know if guests agree.
- The headline messages are that there can be many difficulties in asking children to take part in research; that the circumstances in which they are asked vary (e.g. after getting bad news about an illness, versus taking part as a healthy child); and that sometimes decisions have to be made very quickly.
- Things that **encourage** children and young people to take part in research include:
 - Low risk or painless research
 - Possible health benefits
 - Helping others
 - When it's easy to take part – e.g. not needing to travel far
 - Where there's a good relationship with the researcher
 - Where families are encouraging, or are positive about research (e.g. because they are doctors themselves)
 - Where children don't have many other choices – for example when they have a terminal illness
- Things that **discourage** children and young people from taking part in research:
 - Unpleasant tests
 - Needle phobia
 - Complicated language and unclear concepts like the 'control arm' of a study
 - Worries about risk
 - Lack of support
- Some things that encourage or discourage children and young people are about **the research itself** (e.g. what tests are needed) and some are about the **relationship** between the researcher and the child/young person. These are things that can potentially be changed to make it easier for children to take part.
- However, some things are about the **child/young person's situation** (for example the attitude of their family or the nature of their illness), and these are not things that researchers can change.
- There are **gaps in the research**: for example there is very little research asking children what they think themselves about taking part in clinical research, and also not much about what fathers think (most research is with mothers). Most research is hypothetical – asking people what they think about a pretend situation. There isn't much research asking people what they think about clinical studies that have actually happened.
- Children have very **different attitudes** about taking part in decisions: some feel strongly it is their decision alone ("my body, I get to decide"); some think that it should be a joint decision after careful discussion with their parents ("You should both have good reason why you think you should, or should not, take part"); and some think they would follow their parents' view ("if mummy or daddy say no I shouldn't do it"). These different attitudes are not necessarily linked to age – some 17 and 18 year olds said that they would follow their parents' view because they trust their parents' judgment.

Themes from the discussion assent and decision-making

What makes you want to take part in research?

- Benefits to yourself – for example is the research a better option than treatment?
- Benefits to others – especially if you may help yourself along the way, or if you know someone with the condition.
- If the research seems worthwhile – is it likely to work and help someone?
- Incentives (possibly linked to risk?) such as gift vouchers. (It was noted that RECs appear to have very different attitudes to incentives: some won't allow even a 'thank you' at the end, while others are concerned to make sure that researchers are offering the right level of 'incentive' or 'compensation'.)
- "Depends what day it is!" Are researchers flexible enough to respond to young people's moods?
- Convenience – e.g. Skyping in, sending results by email.
- If the research is presented well to you – have young people been involved in the design and are the risks clearly explained? Is the information in the best format for you (e.g. leaflet, app, game, social media)?
- Researchers having time to explain. A photo of the researcher in the information sheet would be helpful because you would know who to look for to ask more questions.
- Sometimes knowing the researchers helps because you feel more comfortable.
- If you have an interest in science.

What puts you off?

- High risks or nasty side effects.
- Unnecessary procedures; blood tests that hurt (if done well, they shouldn't hurt).
- Researchers not being able to answer your questions.
- Things that affect your daily life, or things you like doing, like sport.
- If it goes on too long, or gets boring.
- Inconvenience for parents – e.g. when it is hard to park.
- How the information sheet is written – for example use of scary language.
- Attitudes of professionals.

Whose decision should it be?

- Families operate in very different ways, and researchers need to be aware of that.
- Some of the young people present said they would definitely decide themselves. They would listen to parents (and also to friends, although not necessarily their doctor) – but the final decision should be theirs. If parents don't agree with a child's wish to take part in research "they have to deal with that". It should still be the child's choice: "That's growing up."
- Others said that it should be a joint decision, with parents and children listening to each other's opinions and coming to an agreement. Big decisions are often made in consultation with families, whatever your age.
- Difficulties might arise if parents disagreed with each other.

How should a child's decision/agreement to take part in research be documented?

- Signing the consent form along with parents would make it feel like a joint decision
- Signing the consent form with parents is part of the process: children go from having decisions made entirely for them, to being involved in those decisions, to making the decision largely yourself (e.g. at 13).

Concluding session: Film 2 [‘Be a part of it: what young people think about clinical research’](#)

Discussion of Film 2 and final thoughts

- Film 2 would be a really useful resource for MCRN young people’s groups and in schools. It shows you much voice children can have (including children who have not been ‘cherry-picked’ in any way). The pharmaceutical industry would be interested too.
- It is interesting that the children and young people in the film raised broadly the same concerns about the research as the adults in the mock REC. Does this suggest that actually adults are quite good at working out what might be a problem for children?
- Consent processes often assume that people know that research has been through some process of review in advance – but this is not necessarily the case. Both films will be useful in providing that explanation and reassurance.
- The Working Party needs to look further at questions of risk and benefit – and these can be explained clearly in information sheets but without ‘scary’ wording.
- It would be really helpful to create some kind of central resource (like a Cochrane review), bringing all these kinds of materials and research together. There’s a danger that we keep hearing the same message about involving children, and reinventing the wheel. The real challenge now is to make it happen! Is this something the Working Party can take forward?
- Whose job is it to make sure that children and young people are properly involved, all the way through the research process? Can RECs say no to a piece of research if young people haven’t been involved? Or should it be the job of whoever is funding the research? What about the NIHR’s [Research Design Service](#) (RDS) – should all proposals go there first for a ‘sense-check’ or would the RDS just get swamped?
- It was interesting in Film 2 how the question of ‘personalising’ the research came up over and over again – but often in quite different senses. Perhaps one of the reasons why things have been so slow to happen about ‘involving’ children is because different people mean many different things when they use the word? Can the Working Party move this on?

In conclusion: Bobbie Farsides thanked all the guests, and in particular the young people, very much indeed for coming, taking part, and making it such a good day.

THANK YOU!