

THE PHARMA INNOVATION

Short Communication

Ethical Issus: Use of Deceptive Techniques in Research

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When it comes to engaging in any type of research, researchers are expected to uphold by standards the guide ethical and follow the rules and regulations that govern this practice. The American Association of Pharmacist's Code of Ethics (1994) states that are to act in an honest manner and possess integrity in their practice but this was not routinely the case with scientific research. In the aftermath of the 1963 Milgram Obedience Study which demonstrated how deceptive tactics can be utilized in research more stringent guidelines were developed that were focused on the protection of human subjects. Pharmacists are viewed as health care professional that have the responsibility to protect participants in studies so the risk versus benefit of implementing any act that has the potential to negatively impact participants in a research study must be strongly weighed prior to following through on the plan of action.

Keyword: Ethical Practices, Deceptive Tactics, Research, Milgram Obedience Study, Pharmacists' Roles

INTRODUCTION: Within the field of drug research, pharmacists are expected to uphold the highest standards of ethical practice and abide by the rules and regulations that govern this highly trusted and respected practice. According to the American Pharmacists Association Code of Ethics (1994), there is the expectation that pharmacists act with honesty and integrity when engaged in clinical practice but this was not always the case when it came to conducting scientific research.¹ Since the publication of the landmark Milgram Obedience Study to the world in 1963, there have been the development of more stringent rules and stricter guidelines focused on the protection of human subjects engaged in research through the revision of federal guidelines and new requirements favored

by institutional review boards. It has gradually become a commonplace practice for deception to be used as a tactic in certain areas of pharmaceutical research without any previous acknowledgements of these acts. The use of deceptive techniques in research is defined as not providing participants with complete information, withholding information, or misinforming participants about the purpose of a study, but those that proponents of this technique claim that there are certain phenomena that participants cannot completely understand if they were made aware of the purpose of the study.² Regardless of the rationale for using deception in pharmaceutical research, it is viewed as a strong source of controversial debate and a strong divide within the research community.

During Milgram's time, there was an abundance of high-impact experimental manipulations (i.e. electric shock and staged emergency situation) being performed in laboratories versus low realism experiments that involved procedures and methods with little similarities when compared to the real world.³ In some instance, emergency situations were staged without the knowledge of research participants and the reactions to these situations were recorded for analysis. The influence of the Milgram Obedience Study led to lower experimental realism being conducted due to new institutional review board rules that dictated how studies could and could not be conducted.⁴ Many professional organizations including those in the pharmacy discipline unified in their criticism of the ethics of the Milgram study which was exposed that the study included the erroneous use of deceptive tactics that were found to not be ethically justified in the published article.

In accordance with today's ethical guidelines that are generally uniform from one discipline to the next, The Milgram Obedience Study demonstrated blatant violations that included acts of deception by not providing certain information to the study's participants. The participants were not made fully aware of important details of the test and were simply told that the study involved human learning and memory.⁴ It is the duty of pharmacists to promote accuracy, honesty, and truthfulness when engaged in any activities which involve human research.^{1,4} Additionally, it is the responsibility of pharmacists to not conduct studies or research that involve deception unless it has been determined that the use of deceptive techniques will produce positive outcomes, and this is only after the use of nondeceptive procedures are considered to not be feasible.

An example of deceptive practices being utilized with pharmaceutical research would involve the recruitment of participants with an axis I diagnosis of a psychotic disorder who are randomized to a treatment and control group. The participants in the treatment group are allowed to continue their current psychotropic medication regimen while the participants that are randomized to the control group are given

placebo but informed that they will be receiving their previously prescribed psychotropic medications. The act of deception in this study has the potential to cause harm to the participants in the control group as a result of the participants decompensating due to lack of proper pharmacotherapy. The risk of harm that can be cause to the participants in the control group must be weighed heavily against the potential benefits that can be reaped from the study's deceptive tactic. While the use of deception has been shown in some research studies to generate scientifically and socially useful knowledge that might not have been obtained through other means, a pharmacist must always compare the risks versus the benefits of subjecting participants to this technique which will continue to remain a topic of strong debate for some time to come.⁴ There will be individuals who will continue to be strongly opposed to the use of deception in research while there will be individual who will believe that there are certain situations where it will be necessary but the utilization of sound methods that justify deceptive techniques to promote innovative practices will continue to be a topic of discussion.⁵

References:

1. American Pharmacists Association. Code of ethics of pharmacists. Washington, D.C. 1994. Available at <http://www.pharmacist.com/AM/Template.cfm?Section=Search1&template=/CM/HTMLDisplay.cfm&ContentID=2903>. Accessed April 24, 2011.
2. Fisher, CB. Decoding the ethics code: A practical guide for psychologists, (2nd ed.). City, CA: Sage Publications, Inc. 2009.
3. Gregory RJ. Psychological testing: History, principles, and applications (5th ed.). Boston: Pearson Education, Inc. 2007.
4. Benjamin LT, Simpson JA The Power of the Situation: The impact of milgram's obedience studies on personality and social Psychology. American Psychologist 2009, 64(1):12-19.
5. Foster TS, Raehl CL. Legal and ethical issues in clinical pharmacy research--informed consent, Part I. Drug Intell Clin Pharm 1980;14:40-43.