Research Ethics Committees: The Business of Society and Medicine

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Whilst Colin Parker and I are in broad disagreement we would nevertheless agree that RECs have both political and ethical functions, albeit to differing degrees, and that a proper account of ethical expertise needs to be given. The uses RECs make of ethical experts and expertise and the way in which this might be recognised remains, from my perspective, open for debate. My only conclusion is that it should be recognised.

Colin Parker has been kind enough to offer his views on my paper and whilst it is clear we are in broad disagreement there are some points of agreement. For example Parker suggests that medical professionals have some kind of ethical expertise in the context of RECs and so we at least agree that a proper account of ethical expertise needs to be given. We also agree that RECs have both political and ethical functions. Although, I suspect, Parker is suggesting that he thinks there is more of the former than the latter, and here we would have to disagree [1].

Parker assumes that the implication or consequence of my argument is that there should be a place *in* the REC for the ethical expert in the same way that medical experts are given mandated positions. My somewhat restricted aim was to suggest we recognise ethical expertise in one context, when we send members of RECs to ethicists for training, but not in another, when we accept individuals who deliver such training onto research ethics committees as lay members. Depending on the account one gives of such expertise and the nature and purpose of RECs generally it may be that ethical expertise should not be accorded specific places in the REC, at least not in the same way as other experts are accorded such places. The uses RECs make of ethical experts and expertise and the way in which it is recognised by the administrative structures of RECs remains, from my perspective, open for debate. My only conclusion is that it should be recognised.

The initial impetus behind my writing 'On the ethics committee…' [4] was the thought that individuals who I perceived as having ethical expertise were occupying the positions designated for lay member in RECs. My concern was that this in some way undermined the commitment, point and intention for having lay membership of RECs. This was not discussed at any length in my paper but it was a major motivating factor in my beginning to consider this issues. The education, experience and training required to become what I have in mind as an ethical expert is extensive. At minimum it would require doctoral level study and research in a relevant area. Such experience is anathema to what I would suggest it is to be a 'lay' member. It would seem then that my position also calls for a positive account of the concept 'lay'. It is possible that this would reduce the requirement for an account of ethical expertise to be given. However, in the light of the training which is often offered to all members of RECs I feel that an account of ethical expertise remains warranted.

I remain of the opinion that an account of ethical expertise should not be given by equating it to what I have called 'the moralist'. In my paper I made repeated use of the word hortatory. I meant for this to be understood as something which to a large degree defined the moralist. To my mind the moralist *exhorts* and I drew an analogy with sermonising and delivering an address from the pulpit. My intention was to be understood as restricting my use of the word moralist to someone engaged in moral *exhortation* [5].

Parker has quite clearly taken the word hortatory in its wider meaning, ie of advocating a course of action or a method of ethical reasoning. It is possible he uses it in an even wider sense, taking it to mean teaching or perhaps even encouraging or coaching. However the instructor welcomes discussion, disagreement and alternate perspectives whereas the moralist does not. The fault is mine for not expressing myself clearly. The moralist is, in my view, not possessed of ethical expertise but of ethical certainty; the hortatory moralist presents their ethical opinion as fact. In contrast a medical doctor is warranted in presenting their medical judgments as facts or as being based on facts and scientific knowledge. As I reject the notion of ethical expertise as being based on or justifying moralising the ethical expert is, I think, not justified in presenting ethical judgment as fact, at least not in the context of REC or other similar public sphere discussions of bioethics. Quite obvi-

ously ethical experts may have ethical opinions but their opinions are not to be preferred over those of any other. It strikes me that in this context ethical experts ought to be more Socratic in their ethical knowledge claims noting that in the sphere of ethical certainty all they know is that they know nothing: or at least they *know* only as much as the next person.

Due to our difference in using the words moralist and hortatory Parker's implied account of ethical expertise differs from that which I have rejected. His version is not without merit and there is some agreement between us regarding its content. Parker suggests that medical professionals [6] are in a privileged position when it comes to ascertaining what is ethical in regards healthcare. His suggestion is given in good faith and I take it to be that he thinks that because of extensive clinical experiences, exposure to patients of varying types and needs and their ongoing negotiation of the moral and ethical 'landscape' of medicine, they have developed a nuanced ethical sense regarding the topography of healthcare. This translates into the 'expertise' they can offer the REC. This is something I am prepared to grant credence and to explore further. However, I do not think that from this basis one can go as far as Parker and suggest that 'the overwhelming majority of methods and standards in the ethical framework for medical research come from the medical fraternity.'

First, as a statement of fact, it is simply incorrect. Whilst those who engaged with ethics at the beginnings of the modern medical profession, notably John Gregory and Thomas Percival, were medical men, their work on medical ethics was explicitly in dialogue between medicine and wider intellectual currents [7]. Indeed the basis of their education would have been much wider than that given by modern medical curricula taking in theology, philosophy and history for example. Furthermore Veatch identifies the disruption of the dialogue between medicine and the humanities (particularly philosophy) as being part of the historical story behind medicines ethical failings in the early part of the 20th Century [8]. The reconnection between philosophers, theologians, legal scholars and others in the arts, humanities and social sciences is the basis for the bioethics of the past half century and the rise of an explicit concern with the ethics of medicine [9]. In the UK many of the major points of concern with the ethics of medicine have come from the fringes or even outside of medicine. Maurice Pappworth was a doctor but an outsider [11]. Rev. Shotter, the founder of the London medical group was responsible for the pastoral care of medical students in London. He perceived the ethical issues which medicine and medical students faced and promoted the medical professions engagement with these issues through education and discussion [12]. Ian Kennedy (now Sir Ian Kennedy) who delivered the 1980 Reith Lectures under the title 'Unmasking Medicine' was a medical lawyer [13]. Raanan Gillon, a medical doctor certainly, did not practice for some time first so as to work as a medical journalist then working part time whilst taking a degree in philosophy. Had he not done so, he certainly would not be the figure within UK medical ethics that he is today [14]. Finally one might note that Gillon's co-receiver of the Hasting Centre's Beecher Award in 1999 was Alistair Campbell, a philosopher, who in 1972 wrote one of the first UK books in the modern medical ethical/bioethical mode [14, 15]. One can, of course, continue in finding examples of individuals who contributed to the medical ethics of the profession in the UK from both within and without medicine. Sufficient to say that scientific medicine does not operate in a social vacuum and it certainly is not the case that medical ethics does so.

Above I denied that ethical experts should be given places in RECs in the same way as other recognised experts. In part this is because it is all too easy to accord the views of someone acknowledged as an ethical expert too much weight, ie to put the ethical expert in the position of the moraliser whether or not they have taken it up for themselves. However, it is also because I am suggesting that the kind of knowledge possessed by ethical experts does not directly contribute to the work of RECs in so far as it does not directly contribute to the substantive discussion of the ethics of particular research proposals. Knowledge of ethical principles and theories is obviously relevant to such discussion and this kind of knowledge is appropriately and adequately passed on through the training structures in place for most RECs. To remind committees of such principles during the actual discussions of a particular research proposal would be inappropriate regardless of its relevance to the task at hand.

A positive example can be given through the consideration of this journal. This journal is the organ of the Association for Research Ethics Committees and as such it carries papers of interest to those 'interested in research ethics and the procedures and process of ethical review, whether aligned to the NHS or within the university or independent sector' [16]. I take it that whilst not all authors will be 'ethical experts' of the kind I am trying to promote, many will be. This journal serves as a point of communication between ethical experts and members of research ethics committees. I would like to see these points of communication increased. Further I would like to see the opportunity that members of ethics committees have to draw upon the expertise of ethicists increased. It is one thing for ethicists to communicate in journals and to hope committee members read their work it is another to place the committee in a position where they can request particular literature searches, partic-

ular briefings, or particular opportunities for engagement. It is still another to put the ethicist in a position where they can draw committee member's attention to specific research.

An example of this will serve to close this essay and go some way to meeting Parker's request that I give some concrete example of the ethical expert's ability to make some definite contribution relevant to our discussion. Sarah Dyer's PhD is based on extended ethnographic research which involved both observing REC meetings and conducting follow up interviews with both lay and expert members [17]. The thesis is a highly illuminating exploration of what she calls 'emplaced' bioethics; the ethical reasoning and discussion which occur in RECs. Particularly pertinent is 'Chapter 8: Are lay members on LRECs just wasting their time?' In this section Dyer explores notions of expertise suggesting that the role and nature of the lay member is 'inchoate' and that the boundary between the lay and the expert is blurred as 'lay participation is a social process' and those involved as lay members are both 'self selecting and transformed by the process' [p.194] [18]. She analyses the power dimensions of the LREC discussions she observed and concludes that lay membership of RECs needs to be rethought and that it is possible that an alternative model for 'public participation' ought to be considered. She suggests considering the examples of remaking RECs 'in the vein of citizen's juries', so that perhaps local politicians or community leaders may be better participants or that lay members might be selected in the same way as jury members [p.214]. Interestingly one might argue that some sort of credentialized expertise in ethics should be requisite for the post although I would clearly not support such an idea. Regardless, her discussion of 'emplaced bioethics' is, I think, something the ethics expert could bring to the REC. Systems and concepts of ethical reasoning in regards research ethics are presented to REC members in the form of training, training delivered by individuals with ethical expertise. More nuanced forms of knowledge, like Dyer's, also deserve to be bought to the attention of RECs. Ethical experts as I have been considering them are the people to do this. How they might do so remains uncertain.

Notes and References

1. I also suspect we have differing conceptions of both the nature and the relationship between 'ethics' and 'politics'. I would see the border between them as being both theoretically and practically blurred. Parker makes much of the political nature of the REC and I have not engaged with this here. I have also not engaged with his discussion of the engineering model. I would however like to draw on my expertise in this area and bring his attention to Caplan's (1980) consideration of the relevance and limits of the metaphor [2].
2. Caplan AL. Ethical engineers need not apply: the state of applied ethics today. Science, Technology, & Human Values 1980; 6(33): 24-32.
3. It is of course perfectly reasonable to assume that my argument was ultimately aimed at providing ethical experts with places in RECs although I would note that this was not how my suggestion of the existence of expert patients was understood. Nevertheless one may quite legitimately ask if I am not advocating for ethical experts to be accorded such REC positions what then am I advocating for ethical expertise? I thus attempt to give some form to what I would imagine as being appropriate.
4. Emmerich N. On the ethics committee: the expert member, the lay member and the absentee ethicist. Res Ethics Rev 2009; 5(1): 9-13.
5. On a related point Parker appears to suggest I think the necessarily related definition of lay and expert is, in itself, pejorative of the laity. This is not the case. I suggest that promoting the idea of a particular idea of ethical expert, that of a moralist, is pejorative of the laity which stands in relation to the notion of the moralist as an ethical expert. If, as Parker suggests, the moralist is indeed present on the REC then it came as no surprise that some of the things he says certainly seem pejorative of lay members of ethics committees. Parker appears to think lay members presence is required merely so that REC are not in danger of becoming a 'branch of government' although I am not sure why this might be a danger and as he later says that lay members are used by the government to achieve public acceptance of medical research it would seem that RECs, or at least their lay members, are indeed a branch of government. They are certainly a form of governance. He furthers that lay members are in some way 'informal' like 'the public' and 'ethical standards', by which he means 'acceptable public standards' and certainly not like formal medical ethics or standards which, he thinks, Doctors are the proper proprietors.
6. Parker restricts his comments to medical Doctors but I assume he does not wish to exclude other medical professionals, particularly nurses, from gaining the contextualised insight from their own particular experiences of the medical field.
7. McCullough LB. John Gregory and the invention of professional medical ethics and the profession of medicine. Kluwer Academic Publishers, 1998.
8. Veatch RM. Disrupted dialogue: medical ethics and the collapse of physician/humanist communication, 1770-1980. OUP USA, 2004.
9. It is worth noting that Rothman offers a differing interpretation of the past 50 years of bioethics in his work 'Strangers at the Bedside' [10]. Whist Rothman and Veatch's interpretations are not diametrically opposed the certainly give rise to differing perspectives.
10. Rothman D. Strangers at the bedside: a history of how law and bioethics transformed medical decision making. Aldine Transactions, 2003.
11. Lock SP. Pappworth, Maurice Henry. Lives of the Fellows of the Royal College of Physicians: Munk's Roll. Available at http://www.rcplondon.ac.uk/heritage/munksroll/munk_details.asp?ID=3435
12. Whong-Barr M. Clinical ethics teaching in Britain: a history of the London Medical Group. New Review of Bioethics 2003; 1(1): 73-84.
13. Kennedy I. The unmasking of medicine. Paladin books, 1983.
14. Henry Knowles Beecher Award 1999. The Hastings Centre Report 1999; 29(5): 46.
15. Campbell AV. Moral dilemmas in medicine: introduction to ethics for doctors and nurses. Churchill Livingstone, 1972.
16. Research Ethics Review. At http://www.research-ethics-review.com/ (Accessed 1/10/09).
17. Dyer SE. Applying bioethics: Local Research Ethics Committees and their regulation of medical research. Unpublished PhD Thesis: University of London, 2006.
18. Interestingly Parker alludes to the knowledge one gains from participating in RECs and the importance of this for understanding what it is RECs do. Perhaps this and Dyers transformative process are related particularly when she says that lay members 'certainly develop expertise through sitting on the committee' [p.208].