

## **An open trial of drug X for Alzheimer's disease**

*by Juan Viñas-Salas and Pekka Louhiala*

A proposal for a study of drug X for Alzheimer's disease is presented to the research ethics committee of University Hospital Y in a Southern European country Z. The drug is already commercially available in some countries and the researchers in Y want to participate in a large international study, the aim of which is to evaluate the safety and efficacy of X in patients diagnosed with mild to moderate Alzheimer's disease. Another aim is to give physicians an opportunity to prescribe X for their patients before the official registration of the drug.

The trial lasts twelve weeks and the study subjects are examined several times before, during and after the trial. The endpoints of the study are to measure the quality of life and cognitive status of the patients. These are measured with standardised tests. Informed consent is obtained from the patients.

### **Activity:**

Before you read further, write down the ethical problems that could occur in this case. Imagine the concrete procedure, step by step, and examine the entire set-up and purpose of the trial.

### ***Commentary on ethical issues***

First, the issue of informed consent is complicated. While it is probable the patients themselves (at least those with a milder form of disease) can partly understand what the study is about, they cannot give their consent in the same sense as competent adults can. Therefore, their relatives should somehow be involved in the process. Here is an obvious analogy with the situation in research involving children. In neither case should the capacity for informed consent be treated as an all-or-nothing phenomenon.

Second, since a widely accepted standard treatment for Alzheimer's disease does not exist, there may be pressure from family members to have patients enrolled in the study. The role conflict between a physician and a researcher is obviously

an ethical problem here also. If the physician is convinced of the usefulness of X, it may be difficult for him or her to give neutral information of the study to potential study subjects and their relatives.

**Activity:**

If you wish to reacquaint yourself with the problem of the role conflict between physician and researcher, return to the article *The conceptual foundations of scientific research and medical practice*, p. 9 of this volume.

Although X is licensed in some countries, the need for large international studies demonstrates that the position of X in the treatment of Alzheimer's disease is not settled and that X may even turn out to be harmful for the patients.

Third, an element of marketing plays a role in this kind of research. If the drug is finally licensed, physicians have already developed the habit of prescribing it.

Fourth, it is not clear that international studies, in which measuring the quality of life of patients is one endpoint, are even possible. For the validity of the study, the tests performed should be identical, but due to cultural differences the concepts of high or low quality of life are probably understood differently, depending on the culture. This is especially obvious if tests developed within the Anglo-American culture are applied in a Mediterranean country.

Fifth, the relevance of the whole study should be considered carefully. If X is already licensed in some countries, why is there a need for this particular study? If we still lack conclusive information about the safety and efficacy of X, has licensing taken place prematurely in those countries?

The fact that the research is part of an international study places a high expectation on the researcher to be diligent. The fact that X is already licensed in some countries obliges researchers to consider the experimental results, which already exist. This issue will be further explored in the next chapter.