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Consenting to Treat: A Rights-Based Principle

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This paper explores the consent process in relation to academic, scientific research. Consent is a human right given to each research participant. The participant's autonomy should be supported and encouraged when obtaining informed consent. This paper reviews current literature and discusses the development of this right, in addition to the manner in which scientific researchers should uphold it.

Keywords: consent, informed consent, ethics, autonomy, research

Consent to participation in research is demanded by the right-based principle, that no person should be treated merely as a means to an end, but also as an end in herself," (Foster, as cited in Sim, 2010, p. 81). Consent to participate in research is based on moral principles in that research is both beneficent and non-maleficent. While on one hand, the researcher may be seeking out help for mankind, they must not do so in sacrifice of another, no matter how minute the effect may be.

The trends that have occurred in the last century, in regards to research, are ultimately the product of research gone awry. Beginning with the Nuremberg Code, crimes against humanity were exposed and there began to be official regulation of clinical trials and protection of the subjects involved. This is how the Institutional Review Board (IRB) came about. Although each institution may produce specific IRB policies, the essential principles in regards to human subjects remain the same: the interests of the subject should always be given a higher priority than society and every subject in clinical research should get the best known treatment (Amdur & Bankert, 2011). This includes involving universal principles such as beneficence, respect for persons, and justice.

A legally effective informed consent involves obtaining permission before the research is completed with complete authorization from the participant or the participant's legally authorized representative (University of Oklahoma, 2010). The consent often has required core elements which could include but are not limited to: a formal statement of the research, an explanation of purposes and duration of the research, a description of risks and benefits, a contact person's information, a statement that the study is voluntary and full disclosure of alternative treatments and risks that may be incurred.

According to Festinger, Marlowe, Croft, Dugosh, Arabia, and Benasutti (2009), incentivized consent procedures are useful strategies to improve consent recall which is invaluable in the research process. They argue that motivational procedures are required to obtain a mastery of information. Research should be based on a respect for individual autonomy, protecting, promoting, and allowing full self-determination in regards to consent (Sim, 2010). Offering incentives for consent only negates this principle.

Obtaining consent is not about the participant saying no, but rather about the willingness of that participant to say yes with complete comprehension and voluntariness to what is going to take place (Sim, 2010). In the case of Festinger et al (2009) the participants were not awarded any compensation for participating in the study, monetary or otherwise, but offered \$5 for every consent item that they could answer correctly at a later date. If these researchers could assume that the participants remembered so much simply because of the incentive offered, couldn't one also assume that they participated in the study simply because of the incentive offered?

Regardless of the cases presented above, overriding a *prima facie* moral principle necessitates extreme caution and concrete justification (Sim, 2009). Central principles in the research process must be upheld such as: autonomy, respect, non-maleficence, beneficence, and justice. The consent process only assists in maintaining these critical areas. The principles are imperative in assuring that the research is ethically based. In order for this to occur the researcher must be well-versed on scientific research and what that process entails.

Researchers can also be involved in assuring the continuance of ethical research by engaging in public discourse on responsible and realistic study procedures. By participating in events such as these, the individual can either provide education to those who may find value in the opinions expressed, or create an opportunity for a shared understanding and mutual support among large numbers (Trinidad, Fullerton, Ludman, Jarvik, Larson, & Burke, 2011).

Researchers can protect the rights and welfare of our society. They should have a structured approach to assessing the ethics involved in research protocols and a clear comprehension of the essential principles that should be used on specific studies (Amdur & Bankert, 2011). An appropriate consent is the first step in assuring that the process that takes place is an ethical one.

References

- Amdur, R., & Bankert, E.A. (2011). Institutional review board: Member handbook. Boston: Jones and Bartlett Publishers.
- Festinger, D.S., Marlowe, D.B., Croft, J. R., Dugosh, K. L., Arabia, P.L., & Benasutti, K.M.(2009). Monetary incentives improve recall of research consent information: It pays to remember. *Experimental and Clinical Psychopharmacology*, 17(2), 99-104.
- Sim, J. (2010). Addressing conflicts in research ethics: Consent and risk of harm. *Physiotherapy Research International*, 15, 80-87.
- Trinidad, S.B., Fullerton, S.M., Ludman, E.J., Jarvik, G.P., Larson, E.B., Burke, W. (2011). Research practice and participant preferences: The growing gulf. *Science*, 331 (6015), 287-288. doi: 10.1126/science/1199000.
- University of Oklahoma. (2010). Consent process and documentation (Version No. 9). University of Oklahoma: Office of Human Research Participant Protection.