

Box 3: Requirements for making moral progress in international health research

- Educating researchers and members of research ethics committees about research ethics
- Ensuring that international researchers understand and are sensitive to the social, economic, and political milieu that frames the context in which their research is taking place
- Involving members of the host country in the design and conduct of the trial
- Ensuring that trials are of direct relevance to the health needs of the host country and that the balance of benefits and burdens of the project are fairly distributed
- Conducting prior evaluation by a local committee or governing body of whether the study findings can, and will, be incorporated into the local healthcare system
- Providing subjects with care or treatment they would not ordinarily get in the country where the trial is carried out
- Ensuring existing disparities are not more deeply entrenched by inappropriate deflection of local human or material resources away from the healthcare system in the host country towards the research project
- Ensuring that research produces benefits for the practice setting and builds the capacity of healthcare professionals in the host country

resulted in the Nuremberg code and the Tuskegee experiment (where African Americans were deliberately denied effective treatment for syphilis) that led to regulations concerning research ethics in the United States. The protections need to be extended to address systemic deprivation of research subjects through poverty and other threats to freedom.

Those who are involved in international research should be required to have some understanding of, and be sensitive to, the social, economic, and political milieu that frames the context in which their research is taking place and that greatly influences the health of their research subjects.²⁶⁻²⁸ This should include knowledge of (a) the sociology of pharmaceutical research; (b) the political relation between the sponsoring and host countries—for example, how the host country fits into the sponsoring country's foreign policy, what economic aid is provided, the nature of any debt relations, and the extent of arms trading between the two countries; and (c) the human rights' achievements of the sponsoring and host countries. Lessons learnt from a genuinely collaborative research endeavour could be used by international investigators. For example, they might influence political leaders in their countries to promote more equitable relations with the host country in which the research was conducted.

There is thus a need to go beyond the reactive research ethics of the past. A new, proactive research ethics must be concerned with the greatest ethical challenge—the huge inequities in global health.²⁹ Research ethics must be more deeply rooted in the context of global health. It must more forthrightly address the social, political, and economic forces that widen global inequities in health, and it must ultimately be concerned with reducing inequities in global health and achieving justice in health research and health care.

Funding: PAS is supported by an investigator award from the Canadian Institutes of Health Research.

Competing interests: None declared.

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Corrections and clarifications

Effect of 1995 pill scare on rates of venous thromboembolism among women taking combined oral contraceptives: analysis of General Practice Research Database

A small error persisted to final publication of this paper by R D T Farmer and colleagues (19-26 August, pp 477-9). In table 2 the upper limit of the confidence interval for the age adjusted ratio for the 25-34 age group should be 1.46 (not 1.96).

Birth characteristics of women who develop gestational diabetes: population based study

A glitch in electronic processing led to a problem with reference numbers in this paper by Grace M Egeland and colleagues (2 September, pp 546-7). No reference numbers appear in the text of the printed article, but they can be seen on the *BMJ* website (<http://bmj.com/cgi/content/full/321/7260/546>).

Systematic review of studies of patient satisfaction with telemedicine

An antipodean mix-up occurred in this article by Frances Mair and Pamela Whitten (3 June, pp 1517-20). In the table (p 1528) the study by Oakley et al (reference 9) was ascribed in the far right hand column to Australia, whereas in fact it was conducted in New Zealand.