In this segment and the next, we're going to be looking at international cross border research. And this is a case where research is conducted by a resource rich country, but it's conducted in a poorer country using the population of that poorer country.

So you have researchers who are funded by their home country going abroad to do their research in a poorer country. And I want to think about some of the ethical complications that arise in that situation.

Sometimes the reason that the researchers are traveling to a poorer country is simply because it's cheaper or easier to recruit subjects in the poorer country. They want to conduct a study that would be either too expensive, or too difficult to manage, in the home country. And so they want to do it in the poorer country.

Other times though, the motivation is quite different. Other times, the researchers are specifically interested in a research question about a local population in a poorer country. It may be that you need to do the research in a particular place because what you're trying to find out is how can we come up with effective interventions or treatments for that population, given the actual context and conditions that they're in. And you can only answer that question by going and doing the research on the ground.

Now when we turn to ethical issues in international research, the first kind of research, the kind where you're just going abroad because it's cheaper or easier to do the research abroad, it's more obvious that that research is ethically problematic.

It seems clear that there's a lot of room for exploitation when what we're doing is imposing the burdens and risks of research on a foreign population. Where, on the one hand, that foreign population isn't particularly the one benefiting. We plan on taking that information and data back to the home country of the researchers and using it there. And on the other hand, we may well be subjecting the foreign population to procedures and protocols that we couldn't or wouldn't subject people from our home country to.

But let's narrow in on the ethically trickier case, the case where the researchers are not trying to exploit or take advantage of those in the poorer country. Rather, they're trying to address locally specific problems and develop local solutions and that's why they need to do the research abroad. What are

some of the ethical issues that can arise in that situation?

One thing that we might worry about is whether the visiting research team who designed the protocol actually is in a position to fully understand the impact of the research activities on the community that they're going into.

You might imagine a case where people are doing research on local contraception solutions. And what they do is they go into a community and they talk to women in the community about what their contraceptive needs are or they offer them contraception to try for free as part of the trial. It might disrupt local norms of sexuality and who controls contraceptive choices. And it might in fact put those women who are in the study at risk for abuse and other forms of rejection from their husband or from their community members.

This is just one example of the kind of cultural nuance that might be just hard to pick up on from the outside, from thousands of miles away, when we design a protocol. So there are ethical risks inherent in going into a different culture and doing our research.

Another thing we might worry about is informed consent. When you have a team of researchers from highly scientifically sophisticated, highly scientifically literate wealthy countries going into a developing country and asking participants to give their informed consent to participate in the research, somehow or other they need to guarantee that those participants understand what it is that they're agreeing to do. But this is actually an extremely tall order.

Really understanding trial design, and really understanding what it is that you're doing when you're entering into, for example, a double blind randomized placebo trial, is something that exceeds even the health literacy of most people from developed countries.

Even when you explain placebo trials to research participants very carefully, when you ask them later what it is that they agreed to do, they tend to have what gets called the therapeutic misconception. They tend to describe it as, well my doctor will put me into whichever trial arm he or she thinks will benefit me most. And I'm doing this research in order to benefit me because my doctor thinks it's good for me. It's very hard to get people to understand that research may come with no benefit or no treatment whatsoever.

Now, transfer that entire situation over into a developing world, low scientific literacy context, where

people come in from a whole different culture and a whole different country wearing white coats and looking very authoritative and wearing the mantle of science and explain to those people what it is that they want them to do, using the language of trial design and placebos and so forth. It's nearly impossible to expect that they're going to get really good quality informed consent out of those research participants.