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Ethics and neuroethics in the time of COVID-19: what is different and what remains the same

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Please note:

This talk represents the presenters' opinions only. It does not represent the views of the NIH, DHHS, or the US government.

- Overview and analysis of the **ethical landscape of challenges raised by the COVID-19 pandemic** within neuroscience-related disciplines
 - **Summary of discussions with neurotechnology researchers** on the pandemic-related ethical challenges they may currently be facing, especially as they relate to research protocol changes
 - June 2020: Neuroethics-focused session at the BRAIN Initiative Investigators' Annual Meeting
 - August 2020: Panel at the BRAIN Neuroethics Working Group Meeting
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Ethics in the time of COVID

What remains the same and what is different

Scott Y.H. Kim, MD, PhD, and Christine Grady, PhD, RN

- The current pandemic **raises ethical challenges**
 - For the healthcare system and its providers
 - Including for patients with brain diseases/disorders
 - For existing neuroscience research:
 - **Delaying or temporarily halting** certain research studies
 - **Affecting** the ability to recruit and work with trial participants
 - **Impacting** how the trial is conducted (e.g., changes in procedures)



- **Respect** for persons
 - Respect for autonomy
 - Caring about individual and collective **welfare**; avoiding **harm**
 - **Justice** and fairness
 - Treating people as equally worthy regardless of status and characteristics;
fair access to and participation in societal goods
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- Scarcity of resources: need to allocate
 - Social distancing and the impact on the vulnerable
 - Health disparities and inequity—impact may be more apparent
 - Personal responsibility challenges
 - Death brought closer to mind and in fact
 - Research urgency and complexity
 - Need to (rapidly but accurately) communicate with public
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- Many patients with brain disorders **depend on others** for their welfare and carrying out their wishes and are also at risk for **neglect, stigma, and discrimination**.
 - A differential impact from COVID-19:
 - Disproportionately lethal in persons in care homes
 - Direct impact of the disorder on the brain?
 - Mental health impact, especially on those with pre-existing neuropsychiatric conditions
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- The need for advance care planning: avoiding pitfalls while initiating necessary conversations
 - Challenges of high-quality care in times of crisis
 - Need to emphasize end-of-life care, including palliative care
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- Allocation in times of scarcity
 - Acquiring PPE, beds and ventilators, medications as they come on-line (e.g., Remdesivir), COVID tests and antibody tests, vaccines
 - Surveillance and contact tracing
 - How do we balance privacy issues versus public health needs?
 - Immunity “passports” and “licenses”
 - Antibody testing—issues with accuracy and utility
 - Could there be potential for discrimination without much gain overall?
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- **Ethical imperative** to research the epidemiology, natural history, pathophysiology, clinical manifestations, and preventative, diagnostic, and therapeutic interventions for COVID-19
 - Setting research priorities
 - Conducting COVID and non-COVID research
 - Ensuring researcher, staff, and participant safety
 - Fair participant selection
 - Identifying potential vulnerabilities of participants
 - Balancing urgency with scientific rigor
 - Timely dissemination of findings
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What **ethical challenges** might neuroscience researchers currently be facing?

- Learned about these potential ethical challenges through small-group breakout discussions with BRAIN Initiative investigators
 - Intentionally structured to encourage active participation
 - < 8 people per group, including a neuroethicist and a discussion facilitator

Kick-off question: What **ethical issues related to COVID** have come up **in your own practice or research?**

- Each group reported out key points from their discussion, which we collated and summarized to highlight emerging themes
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- **Vulnerability of research participants**
 - Changes in participant protection measures when follow-up cannot occur in a way that was originally specified
 - Discussions with patients/families when the prognosis is different than it would have been absent COVID
 - Disparities in digital access (e.g., for tele-visits)
 - **Opportunity for expanding neuroethics to consider other issues**
 - Potential broadened focus on justice concerns, health disparities, and fairness in doing the science
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- **Ethical issues associated with altering research and clinical protocols in response to COVID**
 - Modifications to scientific protocols and scientific validity
 - Changes in the risk-benefit profile, with questions on how to balance minimizing risks with enhancing benefits
 - Changes in the social value of the research

Thank you! We look forward to your questions and comments.

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Appendix Slides



Neuroethicists:

- Anna Wexler (Penn)
- Christine Grady (NIH)
- Cindy Kubu (Cleveland Clinic)
- Eran Klein (Washington)
- Francis Shen (Minnesota)
- Insoo Hyun (Case Western)
- Judy Illes (UBC)
- Laura Cabrera (Michigan State)
- Sara Goering (Washington)
- Scott Kim (NIH)
- Syd Johnson (SUNY Upstate)
- Winston Chiong (UCSF)

Discussion facilitators:

- Amy Adams (NINDS)
- Carl Wonders (NINDS)
- James Churchill (NIMH)
- Jenny Kim (NINDS)
- Khara Ramos (NINDS)
- Kristin Dupre (NINDS)
- Liza Litvina (NINDS)
- Moria Bittman (NIBIB)
- Nina Hsu (NINDS)
- Nina Lichtenberg (NINDS)
- Sarah Lisanby (NIMH)
- Saskia Hendriks (NIH Clinical Center)



- Learned from panel of BRAIN-funded investigators at the August 2020 Neuroethics Working Group Meeting

Kick-off question: What is **the single most important challenge** you've been facing while conducting research during COVID?

- Each investigator summarized their research program and discussed ongoing challenges
- These slides extend beyond the scope of this abstract, but we provide some points-to-consider based on conceptual analysis

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- **Changes may affect indirect risks and benefits with potential importance to participants**
 - Healthy volunteers increasingly interested in paid study enrollment
 - Mental health challenges for isolated study participants seeking socialization
 - Requests for early hospital release because of COVID-related restrictions
 - Novel risk of contracting COVID-19 during study participation
- **IRBs may not need to include indirect benefits or risks** in evaluating a study, but **investigators may want to discuss any changes** with their participants
- Indirect risks & benefits often not included in a trial's risk-benefit assessment
 - But may matter to participants: investigators may wish to take these under consideration and communicate any changes to study participants

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- Impact on **scientific integrity**: e.g., more requests for earlier hospital discharge, e.g., following device implantation, can limit safety monitoring
- Impact on **social value**: e.g., missed timepoints for data collection because of COVID-related restrictions that limit value of the collected knowledge
- Direct risks and benefits **may also need to be modified**: e.g., increased risk of physical harm from device implantation following protocol delays
- Alteration of a trial in potentially meaningful ways may require IRB input, but investigators will be critical in identifying when implemented protocol changes are potentially ethically significant