

## PROTOCOLS FOR PROTECTION OF HUMAN PARTICIPANTS: A COMPARISON OF FIVE COUNTRIES

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**ABSTRACT:** RESEARCH ETHICS PROTOCOLS RELATING to human participants were compared across five countries, namely, Australia, Azerbaijan, Iran, the Philippines, and South Africa. These countries were considered to be geographically and culturally diverse, as well as representing both developed and developing countries. The extent to which the research participant is protected across cultures and countries was investigated, with particular focus on the use of informed consent procedures. It was argued that current ethical guidelines and practices fail to ensure the protection of the most vulnerable participants within these cultures. Informed consent mechanisms also often fail to consider cultural differences in self-concept, understanding of research methods, and power differences between researchers and participants. Discussion of these ethical challenges and recommendations for research ethics development within these cultures and countries are discussed.

**KEY WORDS:** informed consent, international comparison

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atrocities of the Nazi medical experiments to the Syphilis Study among African-American men (Farnell, 2002; Tangwa, 2009), researchers have a history of disregarding or devaluing the individual rights and protection of participants from disadvantaged groups.

Following the Nuremberg Trials the first global statement on ethics was created, which later developed into the Declaration of Helsinki, now in its sixth revision (World Medical Association, 2008). Indeed, many countries now have national ethics statements, policies, and committees charged with ensuring the protection of the research participant. Such protocols may lead many researchers to believe that the days of ethically dubious research projects are over. There remains however, a consistent breach in ethical conduct, which is most apparent in clinical trials held in developing nations (Fadare & Porteri, 2010). Furthermore, research in developing nations is becoming increasingly popular due to globalization, easier access to these communities, and more stringent ethical regulations in Western research settings (Lomelino, 2009; Upvall & Hashwani, 2001). As such, the protection of the individual research participant is an issue that once again requires discussion. This article provides a descriptive policy analysis of human subjects research guidelines, regulations, practices, and infrastructure in five countries: Australia, Azerbaijan, Iran, the Philippines, and South Africa. These countries are geographically and culturally diverse, and represent both developed and developing societies. A specific focus was given to informed consent procedures within these countries. Informed consent is considered to be one of the cornerstones of ethical research involving human subjects. The authors examined the extent by which informed consent is possible for all research participants across cultures, with particular consideration for the most vulnerable participant groups within these cultures. As such, ethics policies were compared both across countries, and across cultures within those countries.

### *Informed Consent*

THROUGHOUT THE HELPING PROFESSIONS there has been a long and often horrific history of researchers taking advantage of the most vulnerable groups of people within societies. From the

Informed consent is both a legal and ethical requirement in most Western and developed countries (Gordon, 2011), and is considered to be one of the cornerstones of modern ethical research practices. The process of

obtaining informed consent is aimed at providing prospective participants with a meaningful understanding of the potential benefits, risks, and processes associated with the research, allowing the individual free choice regarding his or her participation (Shah, 2012). The definition of informed consent consists of two parts; meaningful understanding and free choice (*ibid.*). Ethical challenges can occur at both stages of this process. These challenges can arise as a result of important cross-cultural considerations concerning the implementation of this mechanism, which are not addressed in current international guidelines (Leong & Lyons, 2010; Lomelino, 2009).

#### MEANINGFUL UNDERSTANDING

Meaningful understanding of research protocols is essential for an individual to be able to make an informed decision regarding participation. This fundamental principle of the informed consent process centers on the ability of the individual to be able to fully comprehend the consequences of participation in the research project, in terms of risks and benefits (Dunn et al., 2006). The need to demonstrate an individual's decisional capacity to give informed consent has become well established in research targeting populations with possible cognitive deficits that may reduce this capacity and make them vulnerable to exploitation, such as those diagnosed with schizophrenia (Dunn, Candilis, & Roberts, 2006). However, the importance of demonstrating meaningful informed consent in general populations, and especially vulnerable population groups who are less familiar with the research process, has received less attention (Leong & Lyons, 2010).

Within typical research protocols there are no processes associated with assessing participants' actual understanding of the project or participation (Leong & Lyons, 2010). Current informed consent procedures targeted at general population groups typically involve providing the participant with study information (whether verbal, written, or both); and then assuming that the participant has an adequate understanding by which to provide consent. However, research conducted in vulnerable communities, or those with limited previous experience with research projects, often involves the recruitment of individuals who may not understand concepts associated with research or participation (Adams et al., 2007). It is likely unreasonable for researchers to expect participants with no prior research contact to have a meaningful understanding of processes such as "random allocation," when using only the informed consent mechanism (*ibid.*). Challenges in providing meaningful understanding are by no means

uncommon in developing and culturally diverse communities (Leong & Lyons, 2010). As yet there are no international guidelines relating to the assessment of meaningful understanding within general population samples, as provided by informed consent materials, leaving many participants vulnerable and researchers without clear guidance.

#### FREE CHOICE

Even when a participant has a meaningful understanding of research protocols, ethical challenges may still arise in ascertaining consent, based on individual free choice. Informed consent draws on the Western principle of autonomy (Barrett & Parker, 2003; Lomelino, 2009). It relies upon the assumption of an individual's ability to make decisions independent of controlling influences (Lomelino, 2009; Tangwa, 2009), and draws on an independent conceptualization of self. However, not all societies conceptualize the self in the same way.

Markus and Kitayama (1991) explain that the underlying cultural philosophies of a society influence how members of that society conceptualize a sense of self, others, and their interconnectedness. This conceptualization exists along a continuum of independence and interdependence. Markus and Kitayama (1991) note that independent conceptualizations of self tend to focus on individual, unique attributes of the individual that can be separated from the larger context, while interdependent conceptualizations focus on the self in relation to others.

In many cultures where this interdependent conceptualization of self exists, the self is understood in terms of a person's kin relationships and place within the greater community (Barrett & Parker, 2003). Within these communities the notion of autonomy may not be considered as important as upholding community values or duties (Lomelino, 2009), and the process of obtaining informed consent may be focused more around community risk and benefit as opposed to consequences for the individual. As such, Western informed consent practices often fail to consider the important role community has on an individual's decision-making process (Barrett & Parker, 2003; Lomelino, 2009). However, community-informed consent can leave the individual vulnerable to coercion or having his or her choices overruled (Lomelino, 2009). Furthermore, current practices may incorrectly judge a person's capacity to make choices free from social relationships such as race, class, or gender (*ibid.*).

Indeed, when considering both aspects of informed consent, current guidelines fail to address many important issues relating to meaningful informed consent and the cultural differences in self-conceptualization that influence the value of individual and community consent

to participate in research. Standard practice has primarily been to use Western research protocols in communities where it may not be appropriate to do so. Individuals within these communities may therefore remain vulnerable, without adequate protection from the current international guidelines.

#### A COMPARISON ACROSS FIVE COUNTRIES

Ethical procedures and standards were compared across five countries: Australia, Azerbaijan, Iran, the Philippines, and South Africa. These countries were selected based on author involvement in a research group assembled and sponsored by the International Congress of Psychology (ICP), as part of programs attached to the ICP conference held in Cape Town, South Africa, 2012. As such, the current research was conducted from a psychological perspective. Other than being countries of origin for the current authors, these countries were also considered to be culturally and geographically diverse. Countries varied in level of development, ranging from developed (Australia) to upper-middle income developing (Azerbaijan, Iran, South Africa), and lower-middle income developing (the Philippines) countries as identified by Organisation for Economic Co-operation and Development (OECD, 2013).

#### Methodology

A range of data collection methods was employed, based on the state of research ethics and availability of information within each country. These methods included examination of national ethics policies and guidelines, interviews with key researchers in the field of ethics, interviews with members of ethics boards and committees, interviews with heads of research institutions, and database searches for published research within the field of human research ethics. As all authors were psychologists, the data extracted was primarily from a mental health perspective.

#### *Policies and Guidelines*

Similarities were found relating to ethics policies and structures across the five countries. All of the countries had national ethical policies (e.g., National Health and Medical Research Council, 2007), which were based upon international research ethics guidelines (e.g., World Medical Association, 2008). These national policies emphasized principles such as justice, beneficence, and respect for person. All ethical guidelines included recommendations for procedures to ensure the protection of the research participant, including the

use of informed consent mechanisms (e.g., Department of Health, 2004; Philippine National Health Research System, 2011). Across countries a consistent ethical structure was found, whereby each country contained national research ethics boards, regional ethics boards, and ethics review committees.

Despite similarities in ethics policies and structures, differences were found in the extent to which these policies were enforced, as well as how research was regulated. Australia and South Africa were found to have highly regulated research ethics processes, while the Philippines, Iran, and Azerbaijan were found to be in developing phases. Within these latter three countries, it was found that national research bodies were still in the process of establishing and implementing the large-scale structures needed to facilitate the regulation of health research. Further discussion of the ethical challenges within these countries is provided, with specific reference to the extent to which informed consent is possible for all participants.

#### AUSTRALIA

Australia is a Western and developed country situated in the Asia-Pacific region. Research within the Australian setting is strictly regulated, and representative of ethics processes in many Western research settings. Informed consent is mandatory for research conducted in Australia, with researchers being accountable for any ethical malpractice associated with their research. Within the Australian research setting, the most vulnerable participant group is often considered to be Australians of Aboriginal or Torres Strait Islander descent, herein referred to as Australia's First Peoples.

Research conducted among First Peoples is governed by additional ethical guidelines (National Health and Medical Research Council, 2003). These guidelines are designed to provide specific protection to Aboriginal and Torres Strait Islander participants and communities, but are not legally binding. They were developed as a result of a history of research that was often invasive, exploitative, and conferred no real benefit to the communities (Gillam & Pyett, 2003; Johnstone, 2007). Such research often documented the disadvantages and struggles of the Australian First Peoples, but rarely attempted intervention or facilitated any real change within these communities (Bretherton & Mellor, 2006).

The guidelines have a specific focus toward collectivist communities, rather than the traditional individualistic approach to research ethics (Bailes, Minas, & Klimidis, 2006). However, these guidelines remain a contentious issue. Some researchers have argued that the guidelines do not yet adequately protect the rights of First Peoples (Johnstone, 2007). Others have argued that they may

impede research to the detriment of communities (Gillam & Pyett, 2003; Johnstone, 2007). Recommendations from the national guidelines (2003) relate to the ethics review process, communication with communities, intellectual property, publication and dissemination of research findings, and informed consent procedures.

Informed consent within these communities is typically obtained by researchers undertaking a period of negotiations with community leaders, obtaining community consent, and then obtaining individual consent. However, as will be outlined, the possibility of true individual informed consent among many First Peoples communities is questionable. These communities are largely collectivist, and hierarchically structured (Donovan & Spark, 1997; Fogarty & White, 1994). The concept of self within these communities is vastly different when compared to that of Western Australian culture. Furthermore, many First Peoples communities contain their own dialects, customs, and community laws, which are often in stark contrast to those of the researchers entering these communities (Donovan & Spark, 1997). The notion that individuals within these communities may be able to make truly autonomous decisions, by separating his or her own interests from that of the community or community leaders, may be misguided. Furthermore, it is also likely that researchers underestimate the degree to which social factors such as participant and researcher cultural backgrounds, education, and socioeconomic status influence informed consent decisions among First Peoples. Anecdotally, the first author was recently involved in research conducted in remote Australian indigenous communities in which significant consent difficulties were experienced. Despite individuals within these communities often agreeing to participation, when questioned by Aboriginal liaison persons during the consent process, the individuals would often then decline consent or raise concerns that they had not felt able to discuss with the visiting research staff. Such an example highlights that even in a Western and developed country, standard informed consent procedures are likely not adequately sensitive to cultural differences among some participant populations.

The Australian First Peoples' context is an example of a vulnerable participant group in which ethical challenges arise relating to the conduct of research, and the nature of informed consent. It is by no means the only participant group in Australia in which these challenges may arise. However, the conduct of research among First Peoples is an area that has raised considerable debate among researchers in recent times, and is likely to continue for some time yet. Such debate is encouraged, and is necessary to ensure the ongoing protection of all individuals within the Australian context.

#### AZERBAIJAN

Azerbaijan is an upper-middle income developing country located in the South Caucasus region of Eurasia and is the largest country in the region. For approximately 71 years Azerbaijan was under total political and economic control of the state that became the Soviet Union in 1922. During this period, culture in Azerbaijan was predominantly influenced by Marxism. This approach did not provide for an adequate treatment of ethical concerns (De George, 1969). Marx and Engels considered the ethical systems of capitalist societies to be based on idealistic, ultimately religious, principles rather than on an analysis of objective reality. Marx believed that in a communist society the "is" and the "ought" would come together, as the sources of exploitation and greed disappeared. He did not, therefore, see reason for a separate and autonomous system of ethics (Grier, 1978; Kamenka, 1972). Soviet Marxism lacked a developed ethical theory (*ibid.*). By the beginning of the 1990s it became clear that without an appropriate and adequate approach to ethical issues it would be impossible to integrate Soviet Union countries and research into the world community. Since this time, Azerbaijan has clearly committed itself to strengthening the stability and effectiveness of institutions guaranteeing democracy, protection of human rights, and fundamental freedoms (European Commission, 2007).

Recently created bioethics institutions have focused on learning from international experiences and adapting international guidelines to the Azerbaijani context (Mammadov, 2012). Institutions have also focused on developing relationships with various levels of government, as well as advocating for the creation of bioethics committees attached to research settings such as hospitals, health care organizations, and educational institutions. Support is also growing for the introduction of bioethics training into medical, law, biology, and social science schools (*ibid.*). However, the capacity of institutions to regulate health research is one area in which the participant remains vulnerable within Azerbaijan.

To date, current guidelines, including informed consent recommendations, have been developed from Western or international protocols. This process in itself has presented challenges for a country that for many years was culturally disparate from the West. Indeed, the incorporation of a national ethics structure is a significant undertaking considering the previous ideology of research ethics negating a separate, autonomous system. Education is therefore likely to be necessary, not only for researchers, but for participants who may not be familiar with ethics or research protocols. With regard to informed consent, consideration must be made as to

whether true informed consent can be obtained if the more vulnerable members of the community are unfamiliar with the concept of research ethics and how it relates to them. This again raises the need for researchers to demonstrate the capacity of more vulnerable research participants to give meaningful informed consent in order to ensure ethical research practice within this context. Cross-cultural differences also exist in the integration of informed consent practices, given that for many years the concept of autonomy and the individual was embedded within Marxist ideology.

When considering the protection of the most vulnerable participants within Azerbaijan, the most predominant ethical considerations are those concerning regulation of research. Ethics institutions are in the process of developing the complex structures needed to regulate health research, as well as to provide training and education for health researchers. These are necessary steps to ensure the protection of the participant, and to provide clear guidelines and accountability for researchers. Cultural considerations in the development of these guidelines are also of importance. To date, Azerbaijan has been exploring and adopting the guidelines of Western countries. This trend will likely continue until Azerbaijan finds a way of creating truly representative bodies to provide ethical guidance.

#### IRAN

The Islamic Republic of Iran is an upper-middle income developing nation located on the border of the Middle East and Western Asia regions. Structured research ethics in Iran is in a developing phase, with the first national ethics committee being formed in 1999 (Ministry of Health and Medical Education, 2010). Since this time local ethics committees have been formed, with the purpose of implementing national ethical guidelines (ibid.). Despite the presence of these committees and associated guidelines, current ethical structures have limited powers, particularly concerning the regulation of health research in Iran. Psychological practice and research is governed by two ministerial bodies in Iran, namely, the Ministry of Health and Medical Education and the Ministry of Science. The process of ethical review for research involving humans is not compulsory in Iran. The Ministry of Health and Medical Education contains guidelines for compulsory ethical review for medical research, but does not include guidelines relating to research within the field of psychology. Research conducted under the Ministry of Science is also not subject to compulsory ethical review. Training and education in research ethics is also not a component of many Iranian university programs in psychology.

The primary ethical challenges within Iran relate to the monitoring and regulation of health research. With noncompulsory ethical review of human research, the Iranian participant may be more vulnerable to ethical malpractice or risk of harm. Without ethical review, informed consent practices are therefore left primarily to the charge of the individual researcher. Cultural differences also exist with regard to ascertaining individual informed consent. For example, within smaller villages or more religious communities it would not be deemed appropriate for women to provide researchers with individual informed consent. Informed consent would be obtained from their family, in particular from either their husband or father. These cultural differences are not consistent with Western principles of autonomy or individualism (Upvall & Hashwani, 2001). Furthermore, for religious reasons many women within the Iranian culture may only be able to participate in research studies in which the professional or experimenter is of the same gender. Such considerations for religious and gender differences within the Iranian culture are critical for the conduct of ethical human research within Iran. It may therefore be inappropriate to use standard informed consent procedures within many Iranian communities. Researchers should consider the extent to which true informed consent may be possible for all participants within these communities, as well as methods for ensuring the protection of the most vulnerable participants within these communities.

Cross-cultural challenges also arise in the implementation of ethics guidelines. Zali, Shahraz, and Borzabadi (2002) acknowledge differences in values between Western ethics principles and those of *Shia*, a branch of Islam which is the official religion of Iran. As such, the development and implementation of ethics guidelines in Iran must be sensitive to cultural differences.

A structured approach to research ethics in Iran is in the early stages. Although significant progress has been made in recent years, research ethics within the Iranian context is still developing. There is a need for ethical bodies to obtain increased administrative and legal powers to assist in the regulation of research and enforcement of ethical guidelines. The further development of ethical guidelines must also be sensitive to cultural differences, and reflect the values and principles of Iranian culture. When considering the most vulnerable participants within the Iranian context, the current state of research ethics does not provide adequate protection to the participant. Greater powers are needed in order to ensure participants are supported in all phases of the research project.

## PHILIPPINES

The Republic of the Philippines is a lower-middle income developing country located in the South-East Asian region of the western Pacific Ocean. Research ethics in the Philippines is in a developing phase, with the first national guidelines published in 2006 (Philippine National Health Research System, 2011). In the period since the publication of the first guidelines, the Philippines has seen a substantial increase in health-related research, including clinical trials (*ibid.*).

Although the Philippines contain a number of ethical guidelines and statements, the degree to which these are enforced varies substantially. Although there are several structures in place to ensure that research adheres to ethical standards, the reality is that less than 50% of institutions have institutional ethics review committees (IERCs) (Reyes, 2004). The presence of IERCs is also concentrated in a small geographical area, with 45% being located in just one of the 14 regions in the country (*ibid.*). Protection of the research participant is currently compromised by the absence of bodies to regulate researcher adherence to ethical guidelines, combined with poor economic conditions in the Philippines. These factors often mean that researchers may be without the knowledge, resources, or regulations to facilitate research that is consistent with international ethical standards.

Findings from a recent survey also revealed that only 34 of the 80 IERCs have members who have received training in research ethics (Reyes, 2004). Moreover, 40% of institutions do not require local ethics review if the research project has been approved by a foreign ethics committee (*ibid.*). In addition, research that is conducted by foreign institutions is not required to provide local contacts with which participants can raise inquiries or concerns. Such ethics protocols are likely culturally inappropriate for research conducted in the Philippines. Ethical clearance provided in foreign countries does not ensure the protection of the rights of Filipino peoples.

These protocols also raise concerns regarding participant informed consent. Given that studies with foreign ethical clearance do not require local ethics review, it is likely that for some studies no Filipino committees will view or assess the informed consent materials. This can result in the use of informed consent materials that may not be appropriate in the Filipino context. As such, it is considerably more difficult for researchers to confidently assert that their informed consent materials were indeed providing participants with a meaningful understanding of the research project.

Furthermore, when considering the most vulnerable individuals within the Filipino context, it is possible that researchers often fail to consider important social fac-

tors influencing participant capacity to provide informed consent. Power differences likely exist between the well-educated research and health professionals conducting studies, and some of the more vulnerable participants with whom they may be working. Researchers need to consider whether these participants actually have the capacity to deny involvement or raise objections with researchers.

Challenges also arise when considering the principle of autonomy on which informed consent is based. The Philippines is considered to be a predominantly collectivist culture, with research finding Filipino values to be substantially different from those of Western, individualistic cultures (Grimm et al., 1999). Researchers may overestimate the extent to which the Filipino participant may make truly autonomous decisions, free from social influences such as researcher factors, participant factors, and community norms and values. Indeed, previous research suggests that many Asian cultures have distinct conceptions of the self, which place great importance on attending to others, fitting in, and harmonious interdependence within one's community (Markus & Kitayama, 1991). Current ethical guidelines in the Philippines do not provide adequate ethical protection for the most vulnerable participants within this context. Further guidance is required regarding the use of informed consent mechanisms within this culture, and the regulation of cross-cultural research projects conducted in the Philippines.

## SOUTH AFRICA

The Republic of South Africa is an upper-middle income developing country located on the southern tip of the African continent. South Africa remains in the process of transformation almost 20 years after the introduction of a democratic government. Structured research ethics in South Africa is well established, with all health-related research being subject to compulsory ethics review (Wassenaar, 1998). However, this process is not without ethical challenges. As a developing country, South Africa is contending with the challenges of knowledge production and research capacity building, in conjunction with issues of poverty, unemployment, illiteracy, and an increased burden of disease (Benatar, 2002). These challenges are important in considering ethical research practices within the country.

At a national level South African ethics review committees experience considerable conflict of interest when approached by international researchers offering potential provision of increased employment and infrastructure development, financial gain, or service delivery within a disadvantaged community. These projects are



often coupled with a degree of risk to participants. Ethical challenges also arise when considering informed consent procedures within South Africa. There is often a considerable power imbalance at play between a privileged researcher from an educated background and a research participant living under conditions of deprivation, who may be vulnerable to exploitation (Benatar, 2002). For example, in a South African study conducted at a community antenatal clinic (Karim et al., 1998) authors noted that even when researchers followed standard informed consent procedures, 88% of participants reported feeling compelled to participate in research, with 28% believing that they would not receive adequate care if they refused participation (*ibid.*).

Similar to other developing nations, informed consent procedures in South Africa are further complicated by differences in self-conceptualization across cultural groups. Within many South African communities, the concept of self is an interdependent construct that emphasizes a communal, relational view (Mkhize, 2006). The self is embedded in social relationships, whereby individuals are nurtured through their nurturing of others. Decisions are made communally through a process of reaching consensus within the family or community (*ibid.*). Therefore informed consent is not an individual negotiation between researcher and participant but rather a negotiation between community members and the researcher. This communal understanding of self has implications for the way in which informed consent mechanisms are utilized and given legitimacy within these communities. As a result, it is likely that participants within these communities may not be given the opportunity to individually consent to participation. Researchers must be mindful of these cultural differences, to avoid placing participants at an increased vulnerability to coercion, exploitation, or risk of harm.

### Discussion

The purpose of the current paper was to examine the extent to which the research participant is protected across different cultural contexts. A specific focus was placed on informed consent procedures, and the capacity of individuals to provide true informed consent. Ethical procedures were examined across five countries—Australia, Azerbaijan, Iran, the Philippines, and South Africa—with consideration given to the most vulnerable participants within these countries.

Ethical policies and principles were found to be largely consistent across countries. However, the extent to which these policies were enforced and research regulated differed substantially. Countries such as Australia

and South Africa represented highly regulated research environments, with Western ethics protocols. Azerbaijan, Iran, and the Philippines were found to be in developing stages of research ethics. These countries are currently in the process of developing the complex structures needed to implement local ethics review of health-related research. The impact of foreign research being conducted within developing countries was also discussed. Such studies are typically designed in line with the regulatory frameworks of the wealthier sponsoring country, and as a result do not necessarily take into account the local conditions of the research context within the developing country (Milford, Wassenaar, & Slack, 2006). These studies may not be culturally sensitive to the local environment, and may inappropriately force the values and ethics principles of the developed country onto a more vulnerable community. In addition Emanuel et al. (2004) note that the knowledge obtained from research projects conducted in developing countries and vulnerable communities often only benefits the country wealthy enough to implement the recommendations. Participants and communities from the developing country are potentially left with very limited benefits in comparison. Without compulsory and structured local ethics review of all research studies, participants are placed at an increased risk of exploitation and ethical malpractice.

Ethical challenges also arise when considering informed consent practices across cultures. Informed consent is considered to be one of the cornerstones of modern ethical research practices. It is based on the Western principle of autonomy and relies upon a participant obtaining meaningful understanding of study protocols, and his or her ability to make a decision independent of controlling influences. Within each of the countries examined, it was found that when considering the most vulnerable participants, these necessities for informed consent were often not met. Within collectivist communities individual autonomy is often not regarded as highly as community values and norms. Challenges also arise in the use of informed consent mechanisms to provide participants from culturally diverse or disadvantaged backgrounds with meaningful understanding of study methods and risks. Research would suggest that participants within vulnerable communities may have limited understanding of research protocols even when standard informed consent procedures are followed (Karim et al., 1998). It is recommended that further research be conducted, such as that by Karim and colleagues (1998), to examine the extent to which meaningful understanding is facilitated by using standard informed consent procedures. Within all five countries examined, it was found that there existed

communities for which standard informed consent practices may be inappropriate, culturally insensitive, and of which use would fail to ensure the protection of the research participant.

The current abundance of ethical procedures, statements, and bodies within Western research ethics may give many researchers a false sense of security regarding the protection of the modern research participant. However, research indicates that ethical malpractice is ongoing, and is most apparent in developing nations (Fadare & Porteri, 2010). The ethical issues discussed in the current paper would indicate that the protection of the research participant remains an ongoing challenge across cultures, and is present in both developed and developing countries.

Many of the ethical challenges discussed in this paper are currently not addressed in international or national ethics guidelines. It is recommended that this be addressed, in order to provide participants with greater protection, and researchers greater guidance for conducting ethical research. Furthermore, it is recommended that there be greater flexibility and responsiveness in ethics protocols, particularly with regards to cross-cultural research. It is likely inappropriate to enforce Western research protocols in communities with differing cultural values or limited previous exposure to research. Western standards of informed consent practices are one such example of this issue. Indeed, one of the best methods for countries to ensure the protection of all research participants may be to encourage local ethics review of all projects, with reference to the customs, culture, and values of the local community. With this in mind, participants will likely benefit the most when national and regional ethics guidelines reflect the local values and culture rather than Western ethics principles.

Finally, education of researchers and participants is likely to be central in facilitating ethical research practices. Researchers need to be trained in research ethics, and aware not only of the ethics principles of their country of origin, but of all countries and cultures in which they may be practicing. Particularly in developing countries, promoting research ethics training in the education of new researchers is likely essential in ensuring protection of research participants.

The present paper examined ethics practices and challenges across five countries. The issues raised in this paper are crucial to ensuring the protection of the research participant across cultures. Further discussion and debate on these issues is encouraged, and deemed essential in order to promote ethical research practices across cultures and reduce the risk of ethical complacency among researchers.

## Best Practices

A number of best practice recommendations are suggested based on the current research. Where possible, researchers should consult with local ethics review bodies or community stakeholders when conducting research cross-culturally. Western ethics review committees should be encouraged to assist researchers with the development of culturally sensitive ethical procedures, as well as place greater emphasis on local ethics review within the communities in which the research is conducted. Researchers should be aware of cultural differences in the use of informed consent and other research ethics mechanisms, and discuss research methodology with local contacts. Researchers should design their projects to include active checks for participant understanding, as well as methods for actively seeking participant and community feedback.

## Research Agenda

Future research should investigate participant understanding of research protocols as based on standard informed consent procedures. Also of interest would be any modifications to these procedures that may facilitate greater participant understanding of procedures within the cross-cultural context. On a national and international level, organizations should be encouraged to investigate the types of cross-cultural guidelines that would assist and guide researchers in conducting cross-cultural research, as well as provide greater protection to the research participant.

## Educational Implications

Key concepts from this article, relating to informed consent, autonomy, and cross-cultural ethical considerations, should be addressed in both undergraduate and postgraduate training of researchers and practitioners. It was noted throughout this article that for some of the countries reviewed, researchers may receive no training in research ethics throughout their professional education. A basic training in research ethics as well as specific training in cross-cultural issues is necessary for all researchers, across all cultures, in order to ensure the protection of the research participant. Furthermore, it was also noted that in some of the countries of interest members of ethics review committees receive no formal training in ethical matters. Education and training of ethics committees is also a necessary step to further promote the ethical conduct of research within these countries.



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## Authors' Biographical Sketches

The current group of researchers was assembled through participation and scholarship in the Emerging Psychologists' Programme of the International Congress of Psychology, Cape Town, South Africa, 2012.

**Bonnie A. Clough** is a psychologist based in Brisbane, Australia, who practices and researches within clinical psychology, with a primary focus on adult therapy, processes, and the incorporation of technology within clinical psychology. Bonnie contributed to the overall aim and development of this project, as well as to the discussion of current ethics practices and issues within the Australian research context.

**Megan M. Campbell** is a counseling psychologist based in Cape Town, South Africa, who practices and researches within clinical psychology. Her research areas include psychometric tool validation and translation,

and cross-cultural research. She contributed to the overall aim and development of the project, as well as to the discussion of current ethics practices and issues in the South African research context.

**Turana A. Aliyeva** is a psychologist based in Baku, Azerbaijan, with experience in clinical and counseling psychology, as well as in social work. Turana's research focus is cross-cultural adaptation of assessment tools for children. She contributed to the knowledge and discussion of ethical practices and cultural differences for research conducted in the Azerbaijani context.

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**Mostafa Zarean** is a counseling psychologist based in Tehran, Iran, who practices and researches within clinical psychology, with a focus on diagnostic classification, psychopathology, and cross-cultural research. Mostafa contributed to the current research through discussion, research, and knowledge of ethical processes within the Iranian research setting.

**Analise O'Donovan** is Deputy Head of the School of Applied Psychology, Griffith University, Australia. She started her career as a practicing clinical psychologist, and has spent the last 18 years teaching and researching in the clinical psychology field, including therapist professional development and supervision, therapy processes, personality, and psychopathology. Analise provided mentoring for the current research project, and for the group as a whole.

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