



# Informed Consent in Human Subjects Research

## Part 1: History, application, and process

June 17th, 2021

Casey Jackson, MS, CCRP  
Research Quality Manager UMB SON

Jan Martinez, MS, CIP, CLSSGB  
IRB Manager UMB HRPP

# Goals

By the end of this seminar, you should have an increased knowledge of:

- Historical events regarding consent/non-consent
- Informed consent considerations
- Determining the need for informed consent
- Informed consent processes and applications

# Warm Up!

Why is consent important?

# Why is there a consent process in research?

## Belmont Report

-Research vs. Standard of Care

-Ethics

- Respect for persons (individual choice)
- Beneficence
- Justice

-Applications

- Informed Consent (respect for persons)
- Risk vs Benefit (beneficence)
- Subject Selection (justice)



# Benefits to consent process in research

Public trust/investment in science

*Informed decision*

- Participant buy-in, excited to contribute to science, reduce "lost-to-follow-up"

*Autonomy; self-determination*

- Upholding respect for persons

# History Lesson!

## U.S. Public Health Service Syphilis Study (1932-1972)

### Tuskegee Institute, Alabama

#### – Ethical issues:

- Withholding treatment, once available (in 1943), to study disease progression
- **No informed consent or full disclosure (told participants they had “bad blood”)**
- Coercion (participation in exchange for free food, burial insurance, medical screening)
- Risks outweighed benefits (weak study results)
- Justice (inequitable subject selection)

Adversely affected African American/Black trust in research, medicine, and government

# History Lesson!

**Henrietta Lacks (1951-current)**

**Johns Hopkins, Baltimore**

Ethical issues:

- Autonomy, respect for persons- privacy, patient rights
- **No informed consent**
- No disclosure around potential for widespread sample sharing

Adversely affected African American/Black trust in research; community trust in research



[https://en.wikipedia.org/wiki/Henrietta\\_Lacks](https://en.wikipedia.org/wiki/Henrietta_Lacks)

# History Lesson!

## Baltimore Lead Paint Study (1993-1995)

### Johns Hopkins Kennedy Krieger Institute, Maryland

- Ethical issues:

- Failure to protect vulnerable population (economically disadvantaged, pediatric)
- **Consent Document failed to disclose full information about foreseeable harm**
- Coercion (incentivized moving into homes with lead paint)

Adversely affected trust in community, pediatric research



# History Lesson!

## Havasupai Tribe (1990's) Arizona State University, Arizona

Ethical issues:

- **Lack of consent; deviation from described intent**
- Lack of consideration for cultural impact of study results

Adversely affected minority group/community trust in research and outsiders



# Regulations

- Common Rule
  - Federal law, 45CFR46 subpart A
- GCP 4.8
  - International guidance, ICH



# Consent Process

- From pre-enrollment through the end of the study
- Investigator should always document the *process*
- Documentation
  - Consent with Signature (long form)
  - Waiver of Documentation of Consent
  - Waiver of Consent



# Consent with Signature (Participant, PI/Designee)

## Full form

- Applies to:
  - GTMR and MR Expedited research
- Appearance:
  - Long form
  - Signature line for participant, PI/designee, witness/LAR when applicable
- Considerations:
  - Lay language (8<sup>th</sup> grade level), cultural sensitivity, avoid information overload, must use UMB template\*, etc.

*\*exemptions under special circumstances*

# Consent with Participant Signature

## Legally Authorized Representative (LAR)

- Applies to:
  - GTMR and MR Expedited research with disabled/cognitively impaired participants
- Appearance:
  - Additional signature line on long form consent document
- Considerations:
  - Legalities, assurance of understanding
- Examples of LAR

# Consent with Participant Signature

## Assent

- Applies to:
  - Children (Pediatric research)
  - Cognitively impaired (any human subjects research)
- Appearance:
  - Shorter than long form
  - Signature
- Considerations:
  - Age-appropriate language, cultural sensitivity, avoid patronizing, etc.

# Consent with Participant Signature

## HIPAA

- Applies to:
  - HIPAA covered entities; access to HIPAA covered data
- Appearance:
  - Short, included at end of UMB template
  - Signature
- Considerations:
  - No editing of institutional language
  - Only remove from consent if HIPAA does not apply

# Consent with Participant Signature

## Short Forms

- Applies to non-targeted populations who may be:
  - Illiterate/visually disabled
  - non-English speaking
- Appearance:
  - Short (summary of long form)
  - Signature (PI/designee, participant, AND witness)
- Considerations:
  - Still requires IRB approval
  - Translation (if appropriate)



# Waiver of Documentation of Consent

- Removes requirement to obtain signature
- IRB approved consent form/information sheet/script required
- Applies to :
  - Studies where the consent is the only documentation of participant identifiers, and the major risk is a breach of confidentiality
  - Minimal risk studies whose activities only involve procedures that do not require written permission

# Information Sheet

## Information Sheet (if applicable)

- Applies to:
  - SON exempt studies (studies that meet one of the DHHS exemption criteria (chart reviews with identifiable data, non-sensitive survey/interview studies, etc.))
  - Studies where IRB grants waiver of documentation of consent
- Appearance:
  - Short, typically 1 page
  - No signature required
- Considerations:
  - Must contain certain elements of consent document
  - Study team documentation of consent process still required

# Waiver of Consent (No Consent)

Applies to:

- studies that involve no more than **minimal risk** to the subjects AND
- **could not practicably be carried out without the requested waiver** AND
- **will not adversely affect the rights and welfare of the subjects**

Note! HRPO/IRB determines this, not the researcher

# Hard Copy vs. Electronic Consent

(where signature is required)

## Hard Copy

Expectation to print & sign, provide signed hard copy to participant, maintain documents according to funder, regulatory, and institutional requirements.

## Electronic (i.e. RedCap )

Expectation to obtain verifiable electronic signature, provide signed electronic copy to participant, maintain documents according to funder, regulatory, and institutional requirements.

*Note! Must be secure, must have audit trail, may be subject to further regulation (21CFR11), must be approved for use by IRB*

# Stay Tuned!

Informed Consent in Human Subjects Research Part 2

August 19th, 2021 12:00pm – 1:00pm

# Resources

UMB HRPO Consent Form Templates (Long Form, Assent, HIPAA)

<https://www.umaryland.edu/hrp/for-researchers/consent-form-templates/>

Belmont Report

<https://www.hhs.gov/ohrp/regulations-and-policy/belmont-report/read-the-belmont-report/index.html>

2018 Common Rule

<https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/revised-common-rule-regulatory-text/index.html>

ICH GCP

<https://ichgcp.net/4-investigator>

# Questions?

