

New Consent Rules Proposed for Research Ethics

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Whenever new research ethics rules are introduced, some disciplines are differentially affected. Historically, changes to regulations concerning participant pools and deception have had an impact on the work done by psychological researchers. In the latest draft of the new Tri-Council Policy Statement on Research Ethics (TCPS), once again there are changes that have implications for psychology.

For those who use qualitative methods, or work with aboriginal populations, there are new chapters on those topics that may be helpful in explaining the domains to Research Ethics Boards (REBs). There is also, however, a new approach to deception which may prove problematic to some social psychologists. I will focus on that change in this article.

In the TCPS, like other codes from the time of the Nuremberg trials, free and informed consent is a cornerstone of research ethics. But some research cannot be done if there is full disclosure in advance to potential participants. For example, in studies of bystander intervention or conformity to group opinions the phenomena of interest are likely to disappear if the participants are given full information in advance. For that reason REBs can exempt minimal-risk research from consent provisions. Participants may be temporarily deceived or may not even know they are part of a research project.

Both the old and new versions of the TCPS encourage researchers to give full details of the research to participants during debriefing. Both texts raise the possibility that researchers permit participants to remove their data from a study at the point of debriefing. This might be called retroactive consent.

Here the old and new documents diverge, and the divergence may be significant for social psychological research that depends on deception. Here is the relevant language in the present TCPS (note that the use of "subject" in the current TCPS is being changed to "participant" in the new version):

"The researcher may give the subject the option of removing his or her data from the project. This approach should be used only when the elimination of the subject's data will not compromise the validity of the research design, and hence diminish the ethical value of participation by other subjects."

In contrast, here is the language proposed for the new TCPS:

"Researchers should be required, as part of their research proposal, to set out the conditions under which they would not be able to remove a participant's data from the study even if the participant requested such a withdrawal, and justify why these conditions are essential for conducting the research."

Note that the validity of the research design is no longer explicitly stated as a significant factor in deciding that data cannot be removed, even in minimal-risk research. The TCPS-2 will leave it up to REBs to decide whether the integrity of the data matters. This harder line on so-called retrospective consent would be problematic for lines of research in which some participants in some conditions do or say things that they later regret. Usually, such behaviour occurs more in one experimental condition than another. In an experiment that presents a simulated emergency, for example, participants who do not try to help may feel ashamed of their conduct and demand that their data be removed. If researchers are required to give participants this option, differential drop-out rates will affect validity. Wholesale drop-outs after the conclusion of the study, without regard for experimental validity, may make some topics difficult or even impossible to study by experimental means.

Budget

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lated health of Canada's health human resource.

The fact that the 6% increase in the Health Transfer Tax will be maintained is a good thing though of course does not directly speak to psychology's chief service-related concern, namely access to psychological service which, increasingly, is being provided in the private sector. As budgets and public spending shrinks, more and more becomes deferred to the private sector which of course further restricts access to those who cannot afford the privately provided service. One of the chief objectives of CPA's Practice Directorate is advocacy in the service of access to psychological service, particularly through primary care. Our challenge, however, is not just to point out the

problems but to offer some solutions. Mental health and disorders are on the national agenda (e.g. Mental Health Commission of Canada) and there are other countries who have recently shown tremendous national leadership in supporting access to service for their citizenry's psychological health (e.g. the UK's investment in cognitive behavioural therapies, Australia's public funding of psychological service through primary care). As co-chair, and on behalf of, Canada's Mental Health Table (MHT), CPA has taken the lead on developing a funding proposal to Health Canada for a forum on access to mental health service (**Which Doors Lead to Where? How to Enhance Access to Mental Health Service: Barriers, Facilitators and Opportunities for Canadians' Mental Health**). Stay tuned.