WEBVTT

NOTE duration:"01:27:30" NOTE recognizability:0.861

NOTE language:en-us

NOTE Confidence: 0.914802977142857

 $00:00:00.000 \longrightarrow 00:00:02.296$  Welcome to the program for Biomedical Ethics.

NOTE Confidence: 0.914802977142857

00:00:02.300 --> 00:00:03.856 Our Evening seminar series,

NOTE Confidence: 0.914802977142857

 $00{:}00{:}03.856 \dashrightarrow 00{:}00{:}05.412$  and we're particularly pleased

NOTE Confidence: 0.914802977142857

 $00:00:05.412 \longrightarrow 00:00:06.878$  tonight because as you know,

NOTE Confidence: 0.914802977142857

 $00:00:06.880 \longrightarrow 00:00:09.435$  we try very hard to bring you

NOTE Confidence: 0.914802977142857

 $00{:}00{:}09.440 \dashrightarrow 00{:}00{:}11.323$  experts in and and leaders in

NOTE Confidence: 0.914802977142857

00:00:11.323 --> 00:00:13.119 ethics from all around the world.

NOTE Confidence: 0.914802977142857

 $00:00:13.120 \longrightarrow 00:00:14.632$  And then we realized that not

NOTE Confidence: 0.914802977142857

 $00:00:14.632 \longrightarrow 00:00:15.938$  infrequently we have some wonderful

NOTE Confidence: 0.914802977142857

 $00:00:15.938 \dashrightarrow 00:00:17.639$  people right here at Yale that we'd

NOTE Confidence: 0.914802977142857

 $00{:}00{:}17.639 \dashrightarrow 00{:}00{:}19.418$  like to highlight and bring to you.

NOTE Confidence: 0.914802977142857

 $00:00:19.420 \longrightarrow 00:00:21.645$  And so this evening it's

NOTE Confidence: 0.914802977142857

00:00:21.645 --> 00:00:22.980 doctor Laura Bothwell.

 $00:00:22.980 \longrightarrow 00:00:24.714$  Laura is an ethicist and historian

NOTE Confidence: 0.914802977142857

 $00:00:24.714 \longrightarrow 00:00:26.400$  of public health for research,

NOTE Confidence: 0.914802977142857

00:00:26.400 --> 00:00:27.816 examines social, historical,

NOTE Confidence: 0.914802977142857

 $00:00:27.816 \longrightarrow 00:00:30.176$  and ethical dimensions of epidemiology.

NOTE Confidence: 0.914802977142857

 $00:00:30.180 \longrightarrow 00:00:32.465$  With a particular focus on

NOTE Confidence: 0.914802977142857

00:00:32.465 --> 00:00:33.836 randomized controlled trials,

NOTE Confidence: 0.914802977142857

00:00:33.840 --> 00:00:38.828 she has an interest in in vulnerable

NOTE Confidence: 0.914802977142857

00:00:38.828 --> 00:00:41.654 subjects and participant diversity

NOTE Confidence: 0.914802977142857

 $00:00:41.654 \longrightarrow 00:00:44.396$  in randomized control trials as well.

NOTE Confidence: 0.914802977142857

00:00:44.400 --> 00:00:46.115 She also does work in climate change,

NOTE Confidence: 0.914802977142857

 $00{:}00{:}46.120 \dashrightarrow 00{:}00{:}48.700$  epidemiology and ethics.

NOTE Confidence: 0.914802977142857

 $00:00:48.700 \longrightarrow 00:00:50.910$  Laura's education includes a PhD

NOTE Confidence: 0.914802977142857

00:00:50.910 --> 00:00:54.324 from Columbia, a postdoc at Harvard,

NOTE Confidence: 0.914802977142857 00:00:54.324 --> 00:00:56.217 and she is.

NOTE Confidence: 0.914802977142857

 $00:00:56.220 \longrightarrow 00:00:58.122$  She is a visiting scholar visiting

NOTE Confidence: 0.914802977142857

 $00:00:58.122 \longrightarrow 00:00:59.390$  appointments at the universe

00:00:59.443 --> 00:01:00.499 at Oxford University,

NOTE Confidence: 0.914802977142857

 $00:01:00.500 \longrightarrow 00:01:02.948$  the Fundacion Brocher and the Karolinska

NOTE Confidence: 0.914802977142857

 $00:01:02.948 \longrightarrow 00:01:05.280$  Institute and National Taiwan University.

NOTE Confidence: 0.914802977142857

 $00:01:05.280 \longrightarrow 00:01:07.800$  So she is in fact has visiting

NOTE Confidence: 0.914802977142857

 $00:01:07.800 \longrightarrow 00:01:09.331$  appointments all around the

NOTE Confidence: 0.914802977142857

 $00:01:09.331 \longrightarrow 00:01:11.611$  world and what she teaches public

NOTE Confidence: 0.914802977142857

00:01:11.611 --> 00:01:13.689 health ethics right here at Yale.

NOTE Confidence: 0.914802977142857

 $00:01:13.690 \longrightarrow 00:01:15.820$  Very very pleased to welcome Laura

NOTE Confidence: 0.914802977142857

00:01:15.820 --> 00:01:17.591 doctor Laura Bothwell this evening

NOTE Confidence: 0.914802977142857

 $00:01:17.591 \longrightarrow 00:01:19.919$  to let you folks know how this works.

NOTE Confidence: 0.914802977142857

 $00:01:19.920 \longrightarrow 00:01:22.237$  We will have about a 45 minute

NOTE Confidence: 0.914802977142857

00:01:22.237 --> 00:01:23.940 talk from Doctor Bothwell,

NOTE Confidence: 0.914802977142857

00:01:23.940 --> 00:01:25.300 plus or minus a bit,

NOTE Confidence: 0.914802977142857

 $00:01:25.300 \longrightarrow 00:01:27.286$  and then we'll have a conversation.

NOTE Confidence: 0.914802977142857

 $00:01:27.290 \longrightarrow 00:01:29.198$  I'll invite you to submit questions

00:01:29.198 --> 00:01:30.950 through the Q&A function INSZOOM.

NOTE Confidence: 0.914802977142857

 $00{:}01{:}30.950 \dashrightarrow 00{:}01{:}33.309$  I'll read these questions to Doctor Bothwell.

NOTE Confidence: 0.914802977142857

00:01:33.310 --> 00:01:34.678 I apologize if advanced if I

NOTE Confidence: 0.914802977142857

00:01:34.678 --> 00:01:36.090 don't get to your question,

NOTE Confidence: 0.914802977142857

 $00:01:36.090 \longrightarrow 00:01:39.120$  we'll get to as many of them as we can.

NOTE Confidence: 0.914802977142857

 $00:01:39.120 \longrightarrow 00:01:41.416$  Then we will stop no later than 6:30.

NOTE Confidence: 0.914802977142857

 $00:01:41.420 \longrightarrow 00:01:45.724$  So we start now and we ended 6:30.

NOTE Confidence: 0.914802977142857

00:01:45.730 --> 00:01:48.117 And with that with no further ado,

NOTE Confidence: 0.914802977142857

00:01:48.120 --> 00:01:50.031 I thank you very much for joining

NOTE Confidence: 0.914802977142857

00:01:50.031 --> 00:01:51.850 us tonight and I welcome my friend

NOTE Confidence: 0.914802977142857

 $00{:}01{:}51.850 \dashrightarrow 00{:}01{:}53.140$  and my colleague on the faculty

NOTE Confidence: 0.914802977142857

 $00:01:53.140 \longrightarrow 00:01:54.697$  and I'm so pleased to have you

NOTE Confidence: 0.914802977142857

00:01:54.697 --> 00:01:55.772 here as our guest speaker.

NOTE Confidence: 0.914802977142857

00:01:55.780 --> 00:01:57.516 Tonight, Doctor Laura Bothwell.

NOTE Confidence: 0.914802977142857

00:01:57.516 --> 00:02:00.490 Take it away, Laura.

NOTE Confidence: 0.914802977142857

 $00:02:00.490 \longrightarrow 00:02:01.760$  You're muted, there you go.

 $00:02:01.830 \longrightarrow 00:02:04.854$  There we go. Thank you so much.

NOTE Confidence: 0.7501124

00:02:04.854 --> 00:02:05.566 Doctor Mercurio,

NOTE Confidence: 0.7501124

 $00:02:05.570 \longrightarrow 00:02:07.790$  it is such an incredible privilege

NOTE Confidence: 0.7501124

 $00:02:07.790 \longrightarrow 00:02:12.420$  to be a part of this seminar series.

NOTE Confidence: 0.7501124

 $00:02:12.420 \longrightarrow 00:02:14.796$  I've been really enjoying and learning

NOTE Confidence: 0.7501124

00:02:14.796 --> 00:02:17.799 a great deal from last year's series,

NOTE Confidence: 0.7501124

 $00:02:17.800 \longrightarrow 00:02:20.873$  dealing with anti-racism to the very

NOTE Confidence: 0.7501124

 $00{:}02{:}20.873 \dashrightarrow 00{:}02{:}23.053$  per tinent and important topics that

NOTE Confidence: 0.7501124

 $00:02:23.053 \longrightarrow 00:02:25.790$  have been explored this year as well

NOTE Confidence: 0.7501124

 $00:02:25.790 \longrightarrow 00:02:28.040$  with regard to vaccination policy.

NOTE Confidence: 0.7501124

 $00{:}02{:}28.040 \dashrightarrow 00{:}02{:}29.846$  So it's just a real privilege to

NOTE Confidence: 0.7501124

 $00:02:29.846 \longrightarrow 00:02:32.060$  be a part of this excellent series

NOTE Confidence: 0.7501124

 $00:02:32.060 \longrightarrow 00:02:34.124$  and to have had the opportunity

NOTE Confidence: 0.7501124

00:02:34.190 --> 00:02:35.924 to work with Mark Mercurio and

NOTE Confidence: 0.7501124

 $00{:}02{:}35.924 \dashrightarrow 00{:}02{:}39.513$ Sarah Hull who I believe don't just

 $00:02:39.513 \longrightarrow 00:02:42.757$  explore bioethics but live.

NOTE Confidence: 0.7501124

 $00:02:42.760 \longrightarrow 00:02:46.274$  In the classic Aristotelian sense of virtue,

NOTE Confidence: 0.7501124

 $00:02:46.280 \longrightarrow 00:02:46.655$  ethics,

NOTE Confidence: 0.7501124

 $00:02:46.655 \longrightarrow 00:02:49.280$  in their professional dynamics here at Yale,

NOTE Confidence: 0.7501124

 $00:02:49.280 \longrightarrow 00:02:52.264$  and it's been just such a such a

NOTE Confidence: 0.7501124

 $00:02:52.264 \longrightarrow 00:02:55.404$  privilege and pleasure to be able to

NOTE Confidence: 0.7501124

 $00:02:55.404 \longrightarrow 00:02:57.714$  work with this incredible program.

NOTE Confidence: 0.7501124

00:02:57.720 --> 00:02:59.960 So I'm talking about a political history

NOTE Confidence: 0.7501124

 $00:02:59.960 \longrightarrow 00:03:02.154$  of patient safety and human subject

NOTE Confidence: 0.7501124

 $00:03:02.154 \longrightarrow 00:03:04.119$  ethics in randomized controlled trials.

NOTE Confidence: 0.7501124

 $00{:}03{:}04.120 \dashrightarrow 00{:}03{:}07.072$  This is the subject of a book that

NOTE Confidence: 0.7501124

 $00:03:07.072 \longrightarrow 00:03:09.978$  I'm in the process of writing.

NOTE Confidence: 0.7501124

00:03:09.980 --> 00:03:11.152 To begin,

NOTE Confidence: 0.7501124

 $00:03:11.152 \longrightarrow 00:03:14.490$  I'd like to acknowledge support that

NOTE Confidence: 0.7501124

 $00:03:14.490 \longrightarrow 00:03:17.955$  I've been fortunate to receive for this

NOTE Confidence: 0.7501124

 $00:03:17.955 \longrightarrow 00:03:21.016$  project from the agencies listed here,

 $00:03:21.020 \longrightarrow 00:03:23.659$  and I also would like to acknowledge

NOTE Confidence: 0.7501124

 $00{:}03{:}23.659 \dashrightarrow 00{:}03{:}25.804$  the image credits at the bottom

NOTE Confidence: 0.7501124

 $00:03:25.804 \longrightarrow 00:03:27.254$  from various archives.

NOTE Confidence: 0.7501124

 $00:03:27.254 \longrightarrow 00:03:30.656$  That have allowed public access to

NOTE Confidence: 0.7501124

 $00:03:30.656 \longrightarrow 00:03:33.831$  some really useful images that are

NOTE Confidence: 0.7501124

 $00:03:33.831 \longrightarrow 00:03:36.753$  being shown in the slides today.

NOTE Confidence: 0.7501124

00:03:36.760 --> 00:03:39.370 The framework of this talk first

NOTE Confidence: 0.7501124

 $00:03:39.370 \longrightarrow 00:03:41.596$  will examine historical influences of

NOTE Confidence: 0.7501124

 $00{:}03{:}41.596 \dashrightarrow 00{:}03{:}43.804$  social settings, intellectual trends,

NOTE Confidence: 0.7501124

00:03:43.804 --> 00:03:45.880 culture, social movements,

NOTE Confidence: 0.7501124

 $00{:}03{:}45.880 \dashrightarrow 00{:}03{:}47.728$  economics and regulations on

NOTE Confidence: 0.7501124

00:03:47.728 --> 00:03:49.493 the development of RCT's.

NOTE Confidence: 0.7501124

 $00{:}03{:}49.493 \dashrightarrow 00{:}03{:}52.104$  And we'll examine key themes across time,

NOTE Confidence: 0.7501124

00:03:52.110 --> 00:03:53.958 methodological rigor, ethics,

NOTE Confidence: 0.7501124

 $00:03:53.958 \longrightarrow 00:03:55.190$  political context,

 $00:03:55.190 \longrightarrow 00:03:56.982$  and perspectives toward vulnerable

NOTE Confidence: 0.7501124

00:03:56.982 --> 00:03:57.878 research subjects.

NOTE Confidence: 0.905262409285714

 $00:04:01.000 \longrightarrow 00:04:03.156$  The format will involve looking at the

NOTE Confidence: 0.905262409285714

00:04:03.156 --> 00:04:05.630 origins and early history of clinical trials,

NOTE Confidence: 0.905262409285714

 $00:04:05.630 \longrightarrow 00:04:07.542$  the emergence of randomization,

NOTE Confidence: 0.905262409285714

00:04:07.542 --> 00:04:10.292 the expansion of RCTs, then limitations,

NOTE Confidence: 0.905262409285714

 $00:04:10.292 \longrightarrow 00:04:13.620$  and ethical standards in the early use of

NOTE Confidence: 0.905262409285714

00:04:13.620 --> 00:04:15.786 RCT's and limitations in unregulated research

NOTE Confidence: 0.905262409285714

00:04:15.786 --> 00:04:18.380 with a case study of fill it in mine,

NOTE Confidence: 0.905262409285714

00:04:18.380 --> 00:04:20.576 which I'm sure many of you are familiar with.

NOTE Confidence: 0.905262409285714

 $00{:}04{:}20.580 \dashrightarrow 00{:}04{:}22.908$  The emergence of policies in the 1960s

NOTE Confidence: 0.905262409285714

 $00:04:22.908 \longrightarrow 00:04:25.356$  expanding required use of our cities.

NOTE Confidence: 0.905262409285714

 $00:04:25.360 \longrightarrow 00:04:27.592$  The role of the civil rights

NOTE Confidence: 0.905262409285714

 $00:04:27.592 \longrightarrow 00:04:29.620$  movement in advancing trial ethics.

NOTE Confidence: 0.905262409285714

 $00:04:29.620 \longrightarrow 00:04:30.620$  Recent historical.

NOTE Confidence: 0.905262409285714

 $00:04:30.620 \longrightarrow 00:04:33.120$  Improvement and attention to participant

 $00:04:33.120 \longrightarrow 00:04:35.968$  diversity and also recent challenges as

NOTE Confidence: 0.905262409285714

 $00{:}04{:}35.970 \dashrightarrow 00{:}04{:}39.290$  RCT's have globalized and industrialized.

NOTE Confidence: 0.905262409285714

 $00:04:39.290 \longrightarrow 00:04:42.470$  So going into the early history

NOTE Confidence: 0.905262409285714

 $00:04:42.470 \longrightarrow 00:04:44.590$  of randomized controlled trials

NOTE Confidence: 0.905262409285714

 $00{:}04{:}44.590 \dashrightarrow 00{:}04{:}47.602$  prior to the emergence of RCT's,

NOTE Confidence: 0.905262409285714

 $00:04:47.602 \longrightarrow 00:04:50.314$  there was the development of alternate

NOTE Confidence: 0.905262409285714

 $00:04:50.314 \longrightarrow 00:04:52.410$  allocation of patients in trials.

NOTE Confidence: 0.905262409285714

 $00:04:52.410 \longrightarrow 00:04:55.610$  So rather than randomly allocating

NOTE Confidence: 0.905262409285714

00:04:55.610 --> 00:04:57.530 participants to intervention

NOTE Confidence: 0.905262409285714

 $00:04:57.530 \longrightarrow 00:04:59.330$  and placebo arms,

NOTE Confidence: 0.905262409285714

 $00:04:59.330 \longrightarrow 00:05:02.555$  early trial is typically would

NOTE Confidence: 0.905262409285714

 $00:05:02.555 \longrightarrow 00:05:04.406$  alternately allocate participants.

NOTE Confidence: 0.905262409285714

 $00{:}05{:}04.406 \dashrightarrow 00{:}05{:}08.854$  But prior to that we had a really.

NOTE Confidence: 0.905262409285714

 $00:05:08.860 \longrightarrow 00:05:11.956$  Disorganized system of of clinical research,

NOTE Confidence: 0.905262409285714

 $00:05:11.960 \longrightarrow 00:05:14.195$  which reflected a completely different

00:05:14.195 --> 00:05:16.430 way of thinking about evidence

NOTE Confidence: 0.905262409285714

 $00:05:16.496 \longrightarrow 00:05:18.436$  in public health and medicine.

NOTE Confidence: 0.905262409285714

 $00:05:18.440 \longrightarrow 00:05:21.410$  So clinical trials began to substantially

NOTE Confidence: 0.905262409285714

 $00:05:21.410 \longrightarrow 00:05:25.162$  expand in the mid to late 19th century as

NOTE Confidence: 0.905262409285714

 $00:05:25.162 \longrightarrow 00:05:29.168$  a as a result of shifts in the structure

NOTE Confidence: 0.905262409285714

00:05:29.168 --> 00:05:31.968 of medicine and scientific thinking.

NOTE Confidence: 0.905262409285714

 $00:05:31.970 \longrightarrow 00:05:34.910$  In part this was due to the

NOTE Confidence: 0.905262409285714

 $00:05:34.910 \longrightarrow 00:05:36.170$  expansion of hospitals.

NOTE Confidence: 0.905262409285714

 $00{:}05{:}36.170 \dashrightarrow 00{:}05{:}38.630$  Medicine became institutionalized and

NOTE Confidence: 0.905262409285714

 $00:05:38.630 \longrightarrow 00:05:42.320$  shifted from being conducted in patients

NOTE Confidence: 0.905262409285714

 $00{:}05{:}42.399 \to 00{:}05{:}45.789$  homes to collecting sick patients together.

NOTE Confidence: 0.905262409285714

 $00:05:45.790 \longrightarrow 00:05:49.685$  Many of the early hospitals were particularly

NOTE Confidence: 0.905262409285714

 $00:05:49.685 \longrightarrow 00:05:51.710$  targeting impoverished populations,

NOTE Confidence: 0.905262409285714

 $00:05:51.710 \longrightarrow 00:05:54.410$  and we're free hospitals

NOTE Confidence: 0.905262409285714

 $00:05:54.410 \longrightarrow 00:05:56.610$  and charitable hospitals,

NOTE Confidence: 0.905262409285714

 $00:05:56.610 \longrightarrow 00:05:59.695$  and is technology developed overtime

 $00:05:59.695 \longrightarrow 00:06:03.100$  hospitals themselves developed and appeal to.

NOTE Confidence: 0.905262409285714

 $00:06:03.100 \longrightarrow 00:06:05.800$  Patients of all economic backgrounds

NOTE Confidence: 0.905262409285714

 $00{:}06{:}05.800 \dashrightarrow 00{:}06{:}09.135$  for the access to technology, and.

NOTE Confidence: 0.905262409285714

 $00:06:09.135 \longrightarrow 00:06:11.040$  In this process,

NOTE Confidence: 0.905262409285714

 $00:06:11.040 \longrightarrow 00:06:14.215$  medical thinking became more systematized

NOTE Confidence: 0.905262409285714

 $00:06:14.215 \longrightarrow 00:06:18.559$  and institutionalized in a physical sense.

NOTE Confidence: 0.905262409285714

 $00:06:18.560 \longrightarrow 00:06:21.160$  And for the first time we started to

NOTE Confidence: 0.905262409285714

 $00:06:21.160 \longrightarrow 00:06:23.616$  see very large numbers of patients

NOTE Confidence: 0.905262409285714

00:06:23.616 --> 00:06:26.214 coming together in the same place.

NOTE Confidence: 0.905262409285714

 $00{:}06{:}26.220 \dashrightarrow 00{:}06{:}28.680$  For frequently the same diseases

NOTE Confidence: 0.905262409285714

 $00:06:28.680 \longrightarrow 00:06:30.156$  in rapid succession,

NOTE Confidence: 0.905262409285714

 $00:06:30.160 \longrightarrow 00:06:33.155$  giving researchers access to considerable

NOTE Confidence: 0.905262409285714

 $00{:}06{:}33.155 \dashrightarrow 00{:}06{:}37.153$  sizes of populations for trials in ways

NOTE Confidence: 0.905262409285714

 $00:06:37.153 \longrightarrow 00:06:40.345$  that they hadn't previously had access to.

NOTE Confidence: 0.905262409285714

 $00:06:40.350 \longrightarrow 00:06:41.670$  So that was one dimension,

00:06:41.670 --> 00:06:44.592 but only one dimension of the changing

NOTE Confidence: 0.905262409285714

 $00:06:44.592 \longrightarrow 00:06:47.118$  ways that medical thinking was being

NOTE Confidence: 0.905262409285714

 $00:06:47.118 \longrightarrow 00:06:49.670$  done in the late 19th century.

NOTE Confidence: 0.905262409285714

 $00:06:49.670 \longrightarrow 00:06:51.704$  There was also an increasingly empirical

NOTE Confidence: 0.905262409285714

 $00:06:51.704 \longrightarrow 00:06:53.849$  approach to medicine and public health.

NOTE Confidence: 0.905262409285714

 $00:06:53.850 \longrightarrow 00:06:56.783$  We saw the development of the field

NOTE Confidence: 0.905262409285714

 $00:06:56.783 \longrightarrow 00:06:58.581$  of microbiology really advancing

NOTE Confidence: 0.905262409285714

 $00:06:58.581 \longrightarrow 00:07:00.650$  the germ theory, advancing,

NOTE Confidence: 0.905262409285714

 $00{:}07{:}00.650 \dashrightarrow 00{:}07{:}03.950$  and just like other dimensions

NOTE Confidence: 0.905262409285714

 $00:07:03.950 \longrightarrow 00:07:06.406$  of the sciences, medicine,

NOTE Confidence: 0.905262409285714

 $00:07:06.406 \longrightarrow 00:07:10.214$  and public health began to be much more.

NOTE Confidence: 0.905262409285714

 $00:07:10.220 \longrightarrow 00:07:11.693$  Rigorous and systematized.

NOTE Confidence: 0.905262409285714

 $00{:}07{:}11.693 \dashrightarrow 00{:}07{:}15.130$  And there was an effort in scientific

NOTE Confidence: 0.905262409285714

 $00:07:15.213 \longrightarrow 00:07:18.438$  thinking toward more empirical approaches.

NOTE Confidence: 0.905262409285714

 $00:07:18.440 \longrightarrow 00:07:20.996$  There was also a shift toward

NOTE Confidence: 0.905262409285714

00:07:20.996 --> 00:07:21.848 greater professionalism.

00:07:21.850 --> 00:07:23.390 In medicine and public health,

NOTE Confidence: 0.905262409285714

 $00:07:23.390 \longrightarrow 00:07:27.290$  which contributed to this more rigorous

NOTE Confidence: 0.905262409285714

00:07:27.290 --> 00:07:30.535 approach to thinking about disease

NOTE Confidence: 0.905262409285714

 $00:07:30.535 \longrightarrow 00:07:35.529$  at a more complex and systems level?

NOTE Confidence: 0.905262409285714

 $00:07:35.530 \longrightarrow 00:07:38.506$  And we saw a new biologic vaccine and

NOTE Confidence: 0.905262409285714

 $00:07:38.506 \longrightarrow 00:07:41.164$  drug industries emerge to confront the

NOTE Confidence: 0.905262409285714

 $00:07:41.164 \longrightarrow 00:07:43.464$  newly and recently identified germs.

NOTE Confidence: 0.905262409285714

 $00:07:43.470 \longrightarrow 00:07:45.654$  So now we had not only a better

NOTE Confidence: 0.905262409285714

 $00:07:45.654 \longrightarrow 00:07:48.572$  awareness of the diseases that were most

NOTE Confidence: 0.905262409285714

 $00:07:48.572 \longrightarrow 00:07:50.420$  commonly afflicting global populations,

NOTE Confidence: 0.905262409285714

 $00:07:50.420 \longrightarrow 00:07:54.764$  but we also had new industries and new

NOTE Confidence: 0.905262409285714

 $00:07:54.764 \longrightarrow 00:07:56.786$  interventions that medical practitioners

NOTE Confidence: 0.905262409285714

 $00{:}07{:}56.786 \dashrightarrow 00{:}08{:}00.230$  were eager to test out on patients.

NOTE Confidence: 0.905262409285714

 $00:08:00.230 \longrightarrow 00:08:03.830$  And so all of this led to a conglomeration of

NOTE Confidence: 0.916875698666667

 $00:08:03.916 \longrightarrow 00:08:05.996$  events that made it quite.

 $00:08:06.000 \longrightarrow 00:08:08.580$  Likely for clinical trials to emerge,

NOTE Confidence: 0.916875698666667

 $00{:}08{:}08.580 \dashrightarrow 00{:}08{:}10.528$  and of course, that's.

NOTE Confidence: 0.916875698666667

 $00:08:10.530 \longrightarrow 00:08:12.810$  What we saw happening, however,

NOTE Confidence: 0.916875698666667

 $00:08:12.810 \longrightarrow 00:08:15.827$  in the early days of clinical trials,

NOTE Confidence: 0.916875698666667

 $00:08:15.830 \longrightarrow 00:08:18.302$  there was an absence of regulation

NOTE Confidence: 0.916875698666667

 $00:08:18.302 \longrightarrow 00:08:20.403$  and absence of organization and

NOTE Confidence: 0.916875698666667

 $00:08:20.403 \longrightarrow 00:08:22.288$  a lot of significant problems.

NOTE Confidence: 0.916875698666667

 $00:08:22.290 \longrightarrow 00:08:24.714$  So at this time controlled clinical

NOTE Confidence: 0.916875698666667

 $00:08:24.714 \longrightarrow 00:08:26.925$  trials still conflicted with an

NOTE Confidence: 0.916875698666667

 $00:08:26.925 \longrightarrow 00:08:30.069$  intellectual culture and medicine in which

NOTE Confidence: 0.916875698666667

 $00{:}08{:}30.069 \dashrightarrow 00{:}08{:}31.641$  individualistic ideologies dominated.

NOTE Confidence: 0.916875698666667

 $00:08:31.650 \longrightarrow 00:08:34.536$  This was a sort of transition

NOTE Confidence: 0.916875698666667

00:08:34.536 --> 00:08:36.223 toward evidence based thinking,

NOTE Confidence: 0.916875698666667

 $00:08:36.223 \longrightarrow 00:08:38.629$  and of course the field of

NOTE Confidence: 0.916875698666667

 $00:08:38.629 \longrightarrow 00:08:40.640$  evidence based medicine emerged.

NOTE Confidence: 0.916875698666667

00:08:40.640 --> 00:08:43.016 A century later, essentially,

 $00:08:43.016 \longrightarrow 00:08:45.974$  but during this time there was a

NOTE Confidence: 0.916875698666667

 $00{:}08{:}45.974 \dashrightarrow 00{:}08{:}48.150$ a real predominance among medical

NOTE Confidence: 0.916875698666667

00:08:48.150 --> 00:08:50.226 practitioners that each individual

NOTE Confidence: 0.916875698666667

00:08:50.226 --> 00:08:53.260 patient should be treated as such,

NOTE Confidence: 0.916875698666667

 $00:08:53.260 \longrightarrow 00:08:55.355$  and you couldn't necessarily compare

NOTE Confidence: 0.916875698666667

 $00:08:55.355 \longrightarrow 00:08:57.870$  patients from one to the next.

NOTE Confidence: 0.916875698666667

 $00:08:57.870 \longrightarrow 00:09:01.478$  This was sort of the General practitioner

NOTE Confidence: 0.916875698666667

 $00:09:01.478 \longrightarrow 00:09:06.230$  ideology but scientifically minded.

NOTE Confidence: 0.916875698666667

 $00:09:06.230 \longrightarrow 00:09:08.494$  Physicians and researchers were

NOTE Confidence: 0.916875698666667

 $00:09:08.494 \longrightarrow 00:09:11.890$  starting to shift toward a concept

NOTE Confidence: 0.916875698666667

00:09:11.978 --> 00:09:14.688 of the common human where we could

NOTE Confidence: 0.916875698666667

 $00{:}09{:}14.688 \dashrightarrow 00{:}09{:}17.966$  at least look at basic responses of

NOTE Confidence: 0.916875698666667

 $00{:}09{:}17.966 \dashrightarrow 00{:}09{:}21.134$  individuals to disease and responses to

NOTE Confidence: 0.916875698666667

 $00:09:21.134 \longrightarrow 00:09:23.145$  interventions against those diseases

NOTE Confidence: 0.916875698666667

 $00:09:23.145 \longrightarrow 00:09:26.239$  and look at trends across groups of

00:09:26.239 --> 00:09:28.536 individuals and start to think about.

NOTE Confidence: 0.916875698666667

 $00{:}09{:}28.540 \dashrightarrow 00{:}09{:}31.990$  Controlling for confounders.

NOTE Confidence: 0.916875698666667

00:09:31.990 --> 00:09:34.090 However, even when clinical trials occurred,

NOTE Confidence: 0.916875698666667

 $00:09:34.090 \longrightarrow 00:09:35.305$  there were problems.

NOTE Confidence: 0.916875698666667

 $00:09:35.305 \longrightarrow 00:09:36.925$  There were typically small

NOTE Confidence: 0.916875698666667

 $00:09:36.925 \longrightarrow 00:09:38.140$  patient sample sizes.

NOTE Confidence: 0.916875698666667

 $00:09:38.140 \longrightarrow 00:09:41.490$  Control groups were relatively rare.

NOTE Confidence: 0.916875698666667

 $00:09:41.490 \longrightarrow 00:09:42.792$  Methods were loose,

NOTE Confidence: 0.916875698666667

 $00:09:42.792 \longrightarrow 00:09:44.528$  there were poor ethics,

NOTE Confidence: 0.916875698666667

 $00:09:44.530 \longrightarrow 00:09:46.905$  typically no mention of informed

NOTE Confidence: 0.916875698666667

00:09:46.905 --> 00:09:48.805 consent or patient rights.

NOTE Confidence: 0.916875698666667

 $00:09:48.810 \longrightarrow 00:09:51.393$  There was really little if any infrastructure

NOTE Confidence: 0.916875698666667

 $00:09:51.393 \longrightarrow 00:09:53.680$  or support for clinical research.

NOTE Confidence: 0.916875698666667

 $00:09:53.680 \longrightarrow 00:09:55.212$  It was wholly unregulated,

NOTE Confidence: 0.916875698666667

 $00:09:55.212 \longrightarrow 00:09:57.975$  and at this time still expert testimonials

NOTE Confidence: 0.916875698666667

 $00:09:57.975 \longrightarrow 00:10:00.351$  and case studies were much more

 $00:10:00.351 \longrightarrow 00:10:03.119$  common in the scientific literature.

NOTE Confidence: 0.916875698666667

 $00:10:03.120 \longrightarrow 00:10:05.976$  In clinical trials and you can see in

NOTE Confidence: 0.916875698666667

 $00:10:05.976 \longrightarrow 00:10:08.846$  this image here that renting Psyche

NOTE Confidence: 0.916875698666667

00:10:08.846 --> 00:10:11.218 Psychiatric hospital in New Jersey,

NOTE Confidence: 0.916875698666667

00:10:11.218 --> 00:10:13.198 where Henry Cotton became well

NOTE Confidence: 0.916875698666667

00:10:13.198 --> 00:10:15.800 known for removing patients teeth,

NOTE Confidence: 0.916875698666667 00:10:15.800 --> 00:10:16.230 tonsils, NOTE Confidence: 0.916875698666667

00:10:16.230 --> 00:10:16.660 colons,

NOTE Confidence: 0.916875698666667

 $00:10:16.660 \longrightarrow 00:10:18.810$  and other organs under false

NOTE Confidence: 0.916875698666667

 $00{:}10{:}18.810 \dashrightarrow 00{:}10{:}21.220$  claims of curing mental illness.

NOTE Confidence: 0.916875698666667

00:10:21.220 --> 00:10:24.412 And this was one of numerous examples

NOTE Confidence: 0.916875698666667

 $00{:}10{:}24.412 \dashrightarrow 00{:}10{:}26.950$  within the scientific community that

NOTE Confidence: 0.916875698666667

 $00:10:26.950 \dashrightarrow 00:10:29.440$  really got those who are thinking

NOTE Confidence: 0.916875698666667

 $00:10:29.440 \longrightarrow 00:10:34.070$  about evidence to move toward having.

NOTE Confidence: 0.916875698666667

00:10:34.070 --> 00:10:36.705 Higher standards to hold their

 $00{:}10{:}36.705 \dashrightarrow 00{:}10{:}38.286$  colleagues accountable for

NOTE Confidence: 0.916875698666667

 $00:10:38.286 \longrightarrow 00:10:40.760$  what they believed was the.

NOTE Confidence: 0.916875698666667

 $00:10:40.760 \longrightarrow 00:10:45.656$  The the evidence for their interventions.

NOTE Confidence: 0.916875698666667

 $00:10:45.660 \longrightarrow 00:10:48.530$  Still we saw a predominance in this

NOTE Confidence: 0.916875698666667

 $00:10:48.530 \longrightarrow 00:10:51.890$  era of interventions that were promoted

NOTE Confidence: 0.916875698666667

 $00:10:51.890 \longrightarrow 00:10:55.065$  by either medical practitioners or

NOTE Confidence: 0.916875698666667

 $00:10:55.065 \longrightarrow 00:10:58.922$  by the proprietary companies that

NOTE Confidence: 0.916875698666667

00:10:58.922 --> 00:11:03.182 were producing drugs and various

NOTE Confidence: 0.916875698666667

 $00{:}11{:}03.182 \mathrel{--}{>} 00{:}11{:}07.645$  treatments that really had no overall

NOTE Confidence: 0.916875698666667

 $00:11:07.645 \longrightarrow 00:11:11.250$  accountability beyond the claims of.

NOTE Confidence: 0.916875698666667

 $00:11:11.250 \longrightarrow 00:11:14.022$  Those producers and also the physicians

NOTE Confidence: 0.916875698666667

00:11:14.022 --> 00:11:16.860 who they periodically paid to promote

NOTE Confidence: 0.916875698666667

 $00:11:16.860 \longrightarrow 00:11:19.160$  their products in medical journals.

NOTE Confidence: 0.916875698666667

 $00{:}11{:}19.160 \dashrightarrow 00{:}11{:}21.746$  And here are some other examples

NOTE Confidence: 0.916875698666667

00:11:21.746 --> 00:11:23.470 of descriptions of proprietary

NOTE Confidence: 0.916875698666667

 $00:11:23.547 \longrightarrow 00:11:25.737$  drugs in the early 19th century,

 $00:11:25.740 \longrightarrow 00:11:28.923$  just to give us a real contrast of what

NOTE Confidence: 0.916875698666667

 $00{:}11{:}28.923 \dashrightarrow 00{:}11{:}32.920$  life was like when we didn't have a

NOTE Confidence: 0.916875698666667

 $00:11:32.920 \longrightarrow 00:11:35.620$  robust Food and Drug administration.

NOTE Confidence: 0.916875698666667

00:11:35.620 --> 00:11:38.539 So I I like the description here,

NOTE Confidence: 0.916875698666667

 $00:11:38.540 \longrightarrow 00:11:42.020$  of sarsaparilla as something that

NOTE Confidence: 0.916875698666667

00:11:42.020 --> 00:11:45.500 is uniformly successful in certain

NOTE Confidence: 0.916875698666667

 $00:11:45.611 \longrightarrow 00:11:49.295$  in its remedial effects it produces.

NOTE Confidence: 0.916875698666667

 $00{:}11{:}49.300 \dashrightarrow 00{:}11{:}52.474$  Rapid and complete cures of a

NOTE Confidence: 0.916875698666667

00:11:52.474 --> 00:11:55.824 whole range of indications for all

NOTE Confidence: 0.916875698666667

 $00:11:55.824 \longrightarrow 00:11:57.965$  diseases arising from the impurity

NOTE Confidence: 0.916875698666667

00:11:57.965 --> 00:11:59.975 or deficient vitality of the blood,

NOTE Confidence: 0.916875698666667

 $00:11:59.980 \longrightarrow 00:12:03.540$  blood or from mercurial poison is a powerful,

NOTE Confidence: 0.916875698666667

 $00{:}12{:}03.540 \dashrightarrow 00{:}12{:}05.092$  safe and certain remedy,

NOTE Confidence: 0.916875698666667 00:12:05.092 --> 00:12:06.256 and this is, NOTE Confidence: 0.916875698666667 00:12:06.260 --> 00:12:07.412 I think, NOTE Confidence: 0.916875698666667  $00:12:07.412 \longrightarrow 00:12:10.292$  striking simply for the language

NOTE Confidence: 0.916875698666667 00:12:10.292 --> 00:12:12.020 in terms of NOTE Confidence: 0.909809132727273

 $00:12:12.135 \longrightarrow 00:12:14.205$  how. How much liberty?

NOTE Confidence: 0.909809132727273

00:12:14.205 --> 00:12:18.020 The producer of this drug was able

NOTE Confidence: 0.909809132727273

00:12:18.124 --> 00:12:21.690 to take in proclaiming perfect,

NOTE Confidence: 0.909809132727273

 $00:12:21.690 \longrightarrow 00:12:23.592$  perfect treatment.

NOTE Confidence: 0.909809132727273

 $00:12:23.592 \longrightarrow 00:12:28.086$  And you know, a power that is.

NOTE Confidence: 0.909809132727273

 $00:12:28.090 \longrightarrow 00:12:30.700$  Available for a variety of conditions

NOTE Confidence: 0.909809132727273

 $00{:}12{:}30.700 \dashrightarrow 00{:}12{:}34.054$  and we don't really have that level of

NOTE Confidence: 0.909809132727273

 $00:12:34.054 \longrightarrow 00:12:36.396$  liberty for producers of products anymore.

NOTE Confidence: 0.909809132727273

 $00:12:36.396 \longrightarrow 00:12:38.760$  As a result of shifts that

NOTE Confidence: 0.909809132727273

 $00:12:38.832 \longrightarrow 00:12:40.627$  we're going to talk about.

NOTE Confidence: 0.909809132727273

 $00{:}12{:}40.630 \dashrightarrow 00{:}12{:}43.402$  So at this time there were other

NOTE Confidence: 0.909809132727273

 $00{:}12{:}43.402 \dashrightarrow 00{:}12{:}45.675$  problems in scientific thinking that

NOTE Confidence: 0.909809132727273

 $00:12:45.675 \longrightarrow 00:12:48.702$  were really affecting the the development

NOTE Confidence: 0.909809132727273

 $00:12:48.702 \longrightarrow 00:12:51.726$  of the field of clinical trials.

00:12:51.730 --> 00:12:54.740 There was the eugenics movement

NOTE Confidence: 0.909809132727273

 $00{:}12{:}54.740 \dashrightarrow 00{:}12{:}57.932$  and arguably accomplishing or

NOTE Confidence: 0.909809132727273

00:12:57.932 --> 00:13:01.124 accompanying poor research methodology.

NOTE Confidence: 0.909809132727273

 $00:13:01.130 \longrightarrow 00:13:04.154$  There were also dangerous social prejudices

NOTE Confidence: 0.909809132727273

 $00:13:04.154 \longrightarrow 00:13:06.682$  that were influencing scientific thinking,

NOTE Confidence: 0.909809132727273

 $00:13:06.682 \longrightarrow 00:13:11.080$  and so even for those who are starting to.

NOTE Confidence: 0.909809132727273

 $00:13:11.080 \longrightarrow 00:13:14.700$  Think about conducting clinical trials.

NOTE Confidence: 0.909809132727273

 $00{:}13{:}14.700 \dashrightarrow 00{:}13{:}18.306$  There were some real ethical problems

NOTE Confidence: 0.909809132727273

 $00:13:18.310 \longrightarrow 00:13:22.006$  that resulted from the influence of social

NOTE Confidence: 0.909809132727273

 $00{:}13{:}22.006 \dashrightarrow 00{:}13{:}25.588$  context and social prejudices on science.

NOTE Confidence: 0.909809132727273

 $00:13:25.590 \longrightarrow 00:13:28.500$  In a system that was without

NOTE Confidence: 0.909809132727273

 $00:13:28.500 \longrightarrow 00:13:31.092$  regulation and without policies for

NOTE Confidence: 0.909809132727273

 $00{:}13{:}31.092 \dashrightarrow 00{:}13{:}33.356$  protecting vulnerable populations to.

NOTE Confidence: 0.909809132727273

 $00:13:33.360 \longrightarrow 00:13:35.747$  So, to give you a sense of

NOTE Confidence: 0.909809132727273

 $00:13:35.747 \longrightarrow 00:13:37.300$  the early clinical trial,

 $00:13:37.300 \longrightarrow 00:13:41.440$  subjects who we've seen in in.

NOTE Confidence: 0.909809132727273

 $00:13:41.440 \longrightarrow 00:13:45.080$  The number of scenarios of our

NOTE Confidence: 0.909809132727273

00:13:45.080 --> 00:13:47.480 more advanced clinical trial

NOTE Confidence: 0.909809132727273

 $00:13:47.480 \longrightarrow 00:13:51.279$  methods in the early 20th century.

NOTE Confidence: 0.909809132727273

 $00:13:51.280 \longrightarrow 00:13:54.898$  The populations that they drew upon

NOTE Confidence: 0.909809132727273

00:13:54.898 --> 00:13:56.707 were frequently institutionalized,

NOTE Confidence: 0.909809132727273

 $00:13:56.710 \longrightarrow 00:13:58.564$  impoverished, and marginalized.

NOTE Confidence: 0.909809132727273

 $00:13:58.564 \longrightarrow 00:13:59.800$  For example,

NOTE Confidence: 0.909809132727273

 $00:13:59.800 \longrightarrow 00:14:01.964$  there were cholera inoculations

NOTE Confidence: 0.909809132727273

 $00:14:01.964 \longrightarrow 00:14:05.236$  tested on inmates and it's this

NOTE Confidence: 0.909809132727273

 $00{:}14{:}05.236 \dashrightarrow 00{:}14{:}07.448$  penal settlement in India.

NOTE Confidence: 0.909809132727273

 $00:14:07.450 \longrightarrow 00:14:11.560$  Quinine tested against malaria among inmates.

NOTE Confidence: 0.909809132727273

 $00:14:11.560 \longrightarrow 00:14:13.660$  In the prison labor camp that

NOTE Confidence: 0.909809132727273

00:14:13.660 --> 00:14:14.710 undermines penal settlement,

NOTE Confidence: 0.909809132727273

00:14:14.710 --> 00:14:17.725 prison label Labor camp in the Bay of Bengal,

NOTE Confidence: 0.909809132727273

00:14:17.730 --> 00:14:19.430 Antipyretics were tested among

 $00:14:19.430 \longrightarrow 00:14:21.980$  Burling mothers in a British line

NOTE Confidence: 0.909809132727273

 $00:14:22.048 \longrightarrow 00:14:24.238$  in hospital for low income women.

NOTE Confidence: 0.909809132727273

 $00{:}14{:}24.240 \dashrightarrow 00{:}14{:}26.595$  Tuberculosis treatments were tested among

NOTE Confidence: 0.909809132727273

 $00:14:26.595 \longrightarrow 00:14:28.950$  Native Americans on Western reservations.

NOTE Confidence: 0.909809132727273

 $00:14:28.950 \longrightarrow 00:14:31.962$  The diphtheria antitoxin was tested at

NOTE Confidence: 0.909809132727273

 $00{:}14{:}31.962 \dashrightarrow 00{:}14{:}34.288$  Wheeler Parker Hospital for infectious

NOTE Confidence: 0.909809132727273

 $00:14:34.288 \longrightarrow 00:14:35.515$  diseases among underprivileged

NOTE Confidence: 0.909809132727273

 $00{:}14{:}35.515 \dashrightarrow 00{:}14{:}38.309$  children in New York City and orphans,

NOTE Confidence: 0.909809132727273

00:14:38.310 --> 00:14:41.840 also in the hope it all days on fonts Milad.

NOTE Confidence: 0.909809132727273 00:14:41.840 --> 00:14:42.684 In Paris, NOTE Confidence: 0.909809132727273

 $00:14:42.684 \longrightarrow 00:14:46.060$  and so this is a real trend that

NOTE Confidence: 0.909809132727273

00:14:46.166 --> 00:14:50.390 we saw occurring in trials in this

NOTE Confidence: 0.909809132727273

 $00:14:50.390 \longrightarrow 00:14:53.286$  in this time period.

NOTE Confidence: 0.909809132727273

 $00{:}14{:}53.290 \dashrightarrow 00{:}14{:}55.747$  OK, now I'm not sure if I should take.

NOTE Confidence: 0.909809132727273

 $00:14:55.750 \longrightarrow 00:14:57.486$  I see there is a hand raise.

00:14:57.490 --> 00:14:59.345 I don't know if I should take

NOTE Confidence: 0.909809132727273

 $00:14:59.345 \longrightarrow 00:15:01.299$  questions now or wait until the end.

NOTE Confidence: 0.85412243875

 $00:15:03.840 \longrightarrow 00:15:05.080$  I I would leave it up to you.

NOTE Confidence: 0.85412243875

00:15:05.080 --> 00:15:06.118 We can. We generally wait till

NOTE Confidence: 0.85412243875

00:15:06.118 --> 00:15:07.320 the end for these things Laura,

NOTE Confidence: 0.85412243875

00:15:07.320 --> 00:15:11.109 but why don't we go ahead and do that?

NOTE Confidence: 0.85412243875

 $00:15:11.110 \longrightarrow 00:15:14.990$  Great, OK, well we'll be sure that

NOTE Confidence: 0.85412243875

00:15:14.990 --> 00:15:16.346 someone is asking about a recording.

NOTE Confidence: 0.85412243875

 $00:15:16.350 \longrightarrow 00:15:17.538$  And yes, there is a recording

NOTE Confidence: 0.85412243875

00:15:17.538 --> 00:15:18.600 which we made available later.

NOTE Confidence: 0.9343623833333333

 $00:15:20.660 \longrightarrow 00:15:25.640$  And we will. We will absolutely.

NOTE Confidence: 0.934362383333333

 $00:15:25.640 \longrightarrow 00:15:27.225$  We'll absolutely get to the

NOTE Confidence: 0.934362383333333

 $00{:}15{:}27.225 \dashrightarrow 00{:}15{:}28.810$  questions right after Loris talk.

NOTE Confidence: 0.920609526363636

 $00:15:29.300 \longrightarrow 00:15:30.452$  Perfect, yeah, I.

NOTE Confidence: 0.920609526363636

00:15:30.452 --> 00:15:33.700 I would love to return to this period

NOTE Confidence: 0.920609526363636

 $00:15:33.700 \longrightarrow 00:15:35.860$  as we move to the end of the talk.

00:15:35.860 --> 00:15:37.624 I'd love to come back to this,

NOTE Confidence: 0.920609526363636

 $00:15:37.630 \longrightarrow 00:15:40.710$  so I look forward to those questions.

NOTE Confidence: 0.920609526363636

 $00:15:40.710 \longrightarrow 00:15:43.704$  So there was a sort of really seismic

NOTE Confidence: 0.920609526363636

00:15:43.704 --> 00:15:47.148 shift in the way that scientists were

NOTE Confidence: 0.920609526363636

00:15:47.148 --> 00:15:49.563 thinking about clinical trials with

NOTE Confidence: 0.920609526363636

00:15:49.563 --> 00:15:52.887 the development of the work of Sir

NOTE Confidence: 0.920609526363636

 $00:15:52.887 \longrightarrow 00:15:56.080$  Austin Bradford Hill and the creation.

NOTE Confidence: 0.920609526363636

00:15:56.080 --> 00:15:57.820 Of statistical methods,

NOTE Confidence: 0.920609526363636

 $00:15:57.820 \longrightarrow 00:15:59.932$  there's a real overlap in the

NOTE Confidence: 0.920609526363636

 $00{:}15{:}59.932 \dashrightarrow 00{:}16{:}01.800$  history of infectious disease and

NOTE Confidence: 0.920609526363636

 $00:16:01.800 \longrightarrow 00:16:03.795$  the history of the development

NOTE Confidence: 0.920609526363636

 $00{:}16{:}03.795 \dashrightarrow 00{:}16{:}05.391$  of randomized controlled trials.

NOTE Confidence: 0.920609526363636

 $00{:}16{:}05.400 \dashrightarrow 00{:}16{:}09.025$  Austin Bradford Hill himself was

NOTE Confidence: 0.920609526363636

 $00:16:09.025 \longrightarrow 00:16:13.105$  struck ill with tuberculosis and in

NOTE Confidence: 0.920609526363636

 $00:16:13.105 \longrightarrow 00:16:16.062$  his illness he was bedridden and spent

00:16:16.062 --> 00:16:19.386 a good deal of time thinking about

NOTE Confidence: 0.920609526363636

 $00:16:19.386 \longrightarrow 00:16:21.971$  medical statistics and developing a

NOTE Confidence: 0.920609526363636

00:16:21.971 --> 00:16:24.288 series of articles for The Lancet on

NOTE Confidence: 0.920609526363636

 $00:16:24.288 \longrightarrow 00:16:26.229$  Principles of Medical Statistics.

NOTE Confidence: 0.920609526363636

 $00:16:26.230 \longrightarrow 00:16:29.310$  That could be applied to clinical trials,

NOTE Confidence: 0.920609526363636

 $00:16:29.310 \longrightarrow 00:16:31.685$  and he shifted his professional

NOTE Confidence: 0.920609526363636

 $00:16:31.685 \longrightarrow 00:16:35.383$  focus from work in the in practicing

NOTE Confidence: 0.920609526363636

00:16:35.383 --> 00:16:38.463 medicine to becoming an epidemiologist

NOTE Confidence: 0.920609526363636

 $00:16:38.463 \longrightarrow 00:16:41.460$  and thinking about medicine from

NOTE Confidence: 0.920609526363636

 $00:16:41.460 \longrightarrow 00:16:45.674$  a more distanced stance in terms

NOTE Confidence: 0.920609526363636

 $00{:}16{:}45.674 \dashrightarrow 00{:}16{:}48.718$  of the focus of his professional

NOTE Confidence: 0.920609526363636

 $00:16:48.718 \longrightarrow 00:16:53.540$  work from a day to day basis, and.

NOTE Confidence: 0.920609526363636

 $00{:}16{:}53.540 \dashrightarrow 00{:}16{:}57.061$  He developed a series of ideas for

NOTE Confidence: 0.920609526363636

 $00:16:57.061 \longrightarrow 00:17:00.731$  randomization that at the time were

NOTE Confidence: 0.920609526363636

 $00:17:00.731 \longrightarrow 00:17:02.798$  considered completely unethical.

NOTE Confidence: 0.920609526363636

 $00{:}17{:}02.800 \dashrightarrow 00{:}17{:}05.535$  Physicians and researchers felt that

00:17:05.535 --> 00:17:08.980 when a new scientific development emerged,

NOTE Confidence: 0.920609526363636

 $00{:}17{:}08.980 \dashrightarrow 00{:}17{:}11.662$  it was not ethical to allocate

NOTE Confidence: 0.920609526363636

00:17:11.662 --> 00:17:13.880 patients to a placebo arm,

NOTE Confidence: 0.920609526363636

 $00:17:13.880 \longrightarrow 00:17:17.040$  particularly at random when there

NOTE Confidence: 0.920609526363636

 $00:17:17.040 \longrightarrow 00:17:20.200$  was an opportunity to provide

NOTE Confidence: 0.920609526363636

 $00:17:20.300 \longrightarrow 00:17:23.306$  a cure for for those patients.

NOTE Confidence: 0.920609526363636

 $00:17:23.310 \longrightarrow 00:17:24.087$  And.

NOTE Confidence: 0.920609526363636

 $00{:}17{:}24.087 \dashrightarrow 00{:}17{:}27.972$  A real significant historical moment

NOTE Confidence: 0.920609526363636

 $00{:}17{:}27.972 \dashrightarrow 00{:}17{:}31.080$  occurred following the Second

NOTE Confidence: 0.920609526363636

 $00{:}17{:}31.193 \dashrightarrow 00{:}17{:}34.932$  World War when in London there was

NOTE Confidence: 0.920609526363636

00:17:34.932 --> 00:17:38.268 a real economic deficit and there

NOTE Confidence: 0.920609526363636

00:17:38.268 --> 00:17:42.990 was not a capacity from it for the

NOTE Confidence: 0.920609526363636

 $00{:}17{:}42.990 \dashrightarrow 00{:}17{:}45.250$  government to provide streptomycin.

NOTE Confidence: 0.920609526363636

 $00:17:45.250 \longrightarrow 00:17:48.310$  This newly developed antibiotic to all

NOTE Confidence: 0.920609526363636

 $00:17:48.310 \longrightarrow 00:17:51.696$  of the patients with tuberculosis who

 $00:17:51.696 \longrightarrow 00:17:55.168$  would stand to potentially benefit from this.

NOTE Confidence: 0.920609526363636

 $00:17:55.170 \longrightarrow 00:17:57.498$  Experimental therapy and so.

NOTE Confidence: 0.920609526363636

 $00{:}17{:}57.498 \dashrightarrow 00{:}18{:}02.127$  Austin Bradford Hill saw this as a a

NOTE Confidence: 0.920609526363636

00:18:02.127 --> 00:18:04.717 really opportune moment to conduct

NOTE Confidence: 0.920609526363636

 $00:18:04.720 \longrightarrow 00:18:07.606$  what really has been celebrated as

NOTE Confidence: 0.920609526363636

 $00:18:07.606 \longrightarrow 00:18:11.272$  the first institutionalized very

NOTE Confidence: 0.920609526363636

 $00:18:11.272 \longrightarrow 00:18:16.676$  rigorous multi institution studied.

NOTE Confidence: 0.920609526363636

00:18:16.680 --> 00:18:19.900 Applying randomization in a

NOTE Confidence: 0.920609526363636

 $00:18:19.900 \longrightarrow 00:18:23.120$  clinical trial and so.

NOTE Confidence: 0.920609526363636

 $00:18:23.120 \longrightarrow 00:18:26.188$  There's the streptomycin study

NOTE Confidence: 0.920609526363636

 $00{:}18{:}26.188 \dashrightarrow 00{:}18{:}28.489$  for tuberculosis involved.

NOTE Confidence: 0.920609526363636

 $00:18:28.490 \longrightarrow 00:18:31.024$  A placebo group of patients who were

NOTE Confidence: 0.920609526363636

 $00:18:31.024 \longrightarrow 00:18:32.555$  receiving the existing standard

NOTE Confidence: 0.920609526363636

 $00:18:32.555 \longrightarrow 00:18:34.445$  of care for to tuberculosis,

NOTE Confidence: 0.920609526363636

 $00:18:34.450 \longrightarrow 00:18:37.978$  which was bed rest and then an

NOTE Confidence: 0.920609526363636

 $00:18:37.978 \longrightarrow 00:18:39.988$  intervention group who received

 $00:18:39.988 \longrightarrow 00:18:42.483$  streptomycin and it studied these

NOTE Confidence: 0.920609526363636

 $00:18:42.483 \longrightarrow 00:18:45.284$  patients over the course of four

NOTE Confidence: 0.920609526363636

 $00:18:45.284 \longrightarrow 00:18:47.720$  months and looked at the outcomes

NOTE Confidence: 0.920609526363636

 $00:18:47.720 \longrightarrow 00:18:50.329$  for the control and intervention

NOTE Confidence: 0.920609526363636

 $00:18:50.329 \longrightarrow 00:18:53.260$  group and found a significant

NOTE Confidence: 0.920609526363636

 $00{:}18{:}53.260 \to 00{:}18{:}55.776$  benefit from streptomycin and again,

NOTE Confidence: 0.920609526363636

 $00:18:55.776 \longrightarrow 00:18:57.924$  this study was only considered ethical

NOTE Confidence: 0.920609526363636

 $00:18:57.924 \longrightarrow 00:19:00.409$  because the government could not provide.

NOTE Confidence: 0.920609526363636

 $00{:}19{:}00.410 \dashrightarrow 00{:}19{:}02.638$  Enough streptomycin for everyone

NOTE Confidence: 0.920609526363636

 $00:19:02.638 \longrightarrow 00:19:06.481$  who they would have liked to have

NOTE Confidence: 0.920609526363636

00:19:06.481 --> 00:19:09.729 provided it for and so as a result,

NOTE Confidence: 0.920609526363636

 $00:19:09.730 \longrightarrow 00:19:11.835$  inevitably there was a percentage

NOTE Confidence: 0.920609526363636

 $00{:}19{:}11.835 \dashrightarrow 00{:}19{:}14.420$  of the patient population that was

NOTE Confidence: 0.920609526363636

00:19:14.420 --> 00:19:16.868 not going to receive anything beyond

NOTE Confidence: 0.920609526363636

 $00:19:16.868 \longrightarrow 00:19:18.689$  the existing standard of care.

 $00:19:18.690 \longrightarrow 00:19:21.665$  And so it was deemed ethical to

NOTE Confidence: 0.920609526363636

 $00{:}19{:}21.665 \dashrightarrow 00{:}19{:}23.945$  allocate this place bo group to

NOTE Confidence: 0.920609526363636

 $00{:}19{:}23.945 \dashrightarrow 00{:}19{:}26.520$  the existing standard of care.

NOTE Confidence: 0.920609526363636

00:19:26.520 --> 00:19:29.826 At random to conduct this trial,

NOTE Confidence: 0.920609526363636

 $00:19:29.830 \longrightarrow 00:19:32.980$  given the lack of access to resources.

NOTE Confidence: 0.920609526363636

 $00:19:32.980 \longrightarrow 00:19:35.100$  But what was interesting is

NOTE Confidence: 0.920609526363636

00:19:35.100 --> 00:19:37.780 that after four months of study,

NOTE Confidence: 0.920609526363636

 $00:19:37.780 \longrightarrow 00:19:40.915$  it became clear that resistance

NOTE Confidence: 0.920609526363636

00:19:40.915 --> 00:19:43.962 began to develop to streptomycin,

NOTE Confidence: 0.920609526363636

 $00{:}19{:}43.962 \dashrightarrow 00{:}19{:}46.867$  and so the researchers realized

NOTE Confidence: 0.920609526363636

 $00:19:46.867 \longrightarrow 00:19:48.610$  that it would

NOTE Confidence: 0.861888483

00:19:48.709 --> 00:19:51.804 be necessary to provide combinations

NOTE Confidence: 0.861888483

 $00:19:51.804 \longrightarrow 00:19:54.899$  of antibiotics to really cure

NOTE Confidence: 0.861888483

00:19:54.900 --> 00:19:57.096 tuberculosis and nice discovery.

NOTE Confidence: 0.861888483

00:19:57.096 --> 00:19:59.841 Proved to the medical community

NOTE Confidence: 0.861888483

 $00:19:59.841 \longrightarrow 00:20:02.183$  that there was some real value

 $00:20:02.183 \longrightarrow 00:20:05.170$  of him having a a rigorous study.

NOTE Confidence: 0.861888483

 $00{:}20{:}05.170 \dashrightarrow 00{:}20{:}08.020$  With randomization to the control and

NOTE Confidence: 0.861888483

 $00:20:08.020 \longrightarrow 00:20:10.793$  intervention group so that we could

NOTE Confidence: 0.861888483

 $00:20:10.793 \longrightarrow 00:20:14.270$  develop more rigorous scientific knowledge

NOTE Confidence: 0.861888483

 $00:20:14.270 \longrightarrow 00:20:17.480$  to better treat populations overtime.

NOTE Confidence: 0.861888483

00:20:17.480 --> 00:20:20.180 And at this point in history,

NOTE Confidence: 0.861888483

 $00:20:20.180 \longrightarrow 00:20:22.260$  the concept of clinical aquacise

NOTE Confidence: 0.861888483

00:20:22.260 --> 00:20:24.340 had not been specifically named,

NOTE Confidence: 0.861888483

 $00:20:24.340 \longrightarrow 00:20:26.923$  but this was sort of the genesis

NOTE Confidence: 0.861888483

 $00{:}20{:}26.923 \dashrightarrow 00{:}20{:}29.806$  of the concept of clinical aquacise

NOTE Confidence: 0.861888483

00:20:29.806 --> 00:20:32.914 in scientific thinking that allowed

NOTE Confidence: 0.861888483

 $00:20:32.914 \longrightarrow 00:20:36.449$  generations of researchers too then.

NOTE Confidence: 0.861888483

 $00{:}20{:}36.450 \dashrightarrow 00{:}20{:}39.570$  I think we feel that it was appropriate

NOTE Confidence: 0.861888483

 $00:20:39.570 \longrightarrow 00:20:41.787$  to allocate participants to an

NOTE Confidence: 0.861888483

 $00:20:41.787 \longrightarrow 00:20:44.493$  intervention and a control arm at

 $00:20:44.493 \longrightarrow 00:20:47.175$  random when there was no clear

NOTE Confidence: 0.861888483

 $00{:}20{:}47.175 \dashrightarrow 00{:}20{:}49.756$  sense that there was necessarily a

NOTE Confidence: 0.861888483

00:20:49.756 --> 00:20:52.372 benefit of an intervention and that

NOTE Confidence: 0.861888483

 $00:20:52.372 \longrightarrow 00:20:55.727$  it was then ethical to continue to

NOTE Confidence: 0.861888483

 $00:20:55.730 \longrightarrow 00:20:58.376$  conduct a randomized study until a

NOTE Confidence: 0.861888483

00:20:58.376 --> 00:21:00.140 preponderance of information had

NOTE Confidence: 0.861888483

 $00:21:00.213 \longrightarrow 00:21:02.488$  accumulated sufficient to convince the

NOTE Confidence: 0.861888483

 $00{:}21{:}02.488 \to 00{:}21{:}05.620$  clinical community that it was appropriate.

NOTE Confidence: 0.861888483

 $00{:}21{:}05.620 \dashrightarrow 00{:}21{:}08.140$  We shipped to a new plan of action,

NOTE Confidence: 0.861888483

 $00:21:08.140 \longrightarrow 00:21:10.048$  whether that be the new intervention

NOTE Confidence: 0.861888483

 $00{:}21{:}10.048 \longrightarrow 00{:}21{:}12.844$  or in the case that the intervention

NOTE Confidence: 0.861888483

00:21:12.844 --> 00:21:15.100 proved introgenic reverting to

NOTE Confidence: 0.861888483

 $00:21:15.100 \longrightarrow 00:21:18.300$  the existing standard of care.

NOTE Confidence: 0.861888483

 $00:21:18.300 \longrightarrow 00:21:21.460$  So there was a process of shift that

NOTE Confidence: 0.861888483

 $00:21:21.460 \longrightarrow 00:21:25.148$  occurred in the years following

NOTE Confidence: 0.861888483

 $00{:}21{:}25.148 \dashrightarrow 00{:}21{:}28.436$  the original streptomyc in study.

00:21:28.440 --> 00:21:28.915 First,

NOTE Confidence: 0.861888483

 $00{:}21{:}28.915 \dashrightarrow 00{:}21{:}32.240$  you can see historically this is a

NOTE Confidence: 0.861888483

 $00:21:32.240 \longrightarrow 00:21:34.880$  chart that I've created from looking

NOTE Confidence: 0.861888483

00:21:34.880 --> 00:21:38.266 at around 1000 RCT's in the published

NOTE Confidence: 0.861888483

 $00:21:38.266 \longrightarrow 00:21:38.757$  literature,

NOTE Confidence: 0.861888483

 $00:21:38.760 \longrightarrow 00:21:40.986$  overtime and trends of where trials

NOTE Confidence: 0.861888483

 $00:21:40.986 \longrightarrow 00:21:42.928$  have been conducted in various

NOTE Confidence: 0.861888483

 $00:21:42.928 \longrightarrow 00:21:45.268$  factors and trials that will be

NOTE Confidence: 0.861888483

 $00:21:45.268 \longrightarrow 00:21:47.340$  looking at throughout these slides.

NOTE Confidence: 0.861888483

 $00:21:47.340 \longrightarrow 00:21:50.256$  But you can see originally there was a trend.

NOTE Confidence: 0.861888483

 $00{:}21{:}50.260 \dashrightarrow 00{:}21{:}53.440$  Trials coming out of the UK.

NOTE Confidence: 0.861888483

 $00{:}21{:}53.440 \dashrightarrow 00{:}21{:}55.345$  The group that Austin Bradford

NOTE Confidence: 0.861888483

 $00{:}21{:}55.345 \dashrightarrow 00{:}21{:}57.710$  Hill worked with with the Medical

NOTE Confidence: 0.861888483

 $00{:}21{:}57.710 \dashrightarrow 00{:}22{:}00.846$  Research Council in the UK did a

NOTE Confidence: 0.861888483

 $00:22:00.846 \longrightarrow 00:22:03.712$  series of studies on interventions

00:22:03.712 --> 00:22:05.520 for tuberculosis and increasingly

NOTE Confidence: 0.861888483

 $00:22:05.520 \longrightarrow 00:22:07.780$  a variety of other interventions.

NOTE Confidence: 0.861888483

 $00{:}22{:}07.780 \dashrightarrow 00{:}22{:}12.218$  And then this team started to promote

NOTE Confidence: 0.861888483

 $00:22:12.218 \longrightarrow 00:22:14.874$  our success internationally and in

NOTE Confidence: 0.861888483

00:22:14.874 --> 00:22:17.916 the 1950s and 1960s in the United States,

NOTE Confidence: 0.861888483

 $00:22:17.920 \longrightarrow 00:22:20.536$  there was a huge investment in

NOTE Confidence: 0.861888483

 $00:22:20.536 \longrightarrow 00:22:21.844$  science in response.

NOTE Confidence: 0.861888483

00:22:21.850 --> 00:22:23.250 Through the Cold War,

NOTE Confidence: 0.861888483

 $00{:}22{:}23.250 \dashrightarrow 00{:}22{:}26.153$  as the US was trying to win the

NOTE Confidence: 0.861888483

 $00{:}22{:}26.153 \dashrightarrow 00{:}22{:}28.301$  science race and the NIH received

NOTE Confidence: 0.861888483

 $00:22:28.301 \longrightarrow 00:22:30.969$  a an enormous amount of funding

NOTE Confidence: 0.861888483

 $00:22:30.969 \longrightarrow 00:22:33.816$  and colleagues at the NIH were very

NOTE Confidence: 0.861888483

 $00{:}22{:}33.816 \dashrightarrow 00{:}22{:}36.528$  keen to embrace the methods that

NOTE Confidence: 0.861888483

 $00{:}22{:}36.528 \dashrightarrow 00{:}22{:}39.138$  Austin Bradford Hill was promoting

NOTE Confidence: 0.861888483

 $00:22:39.140 \longrightarrow 00:22:42.070$  in lectures around the world.

NOTE Confidence: 0.861888483

 $00:22:42.070 \longrightarrow 00:22:46.228$  And at this time there was a period for,

 $00:22:46.230 \longrightarrow 00:22:51.538$  you know, the 1960s to the late 1980s, when.

NOTE Confidence: 0.861888483

 $00{:}22{:}51.538 \dashrightarrow 00{:}22{:}54.790$  The NIH was a leading funder

NOTE Confidence: 0.861888483

00:22:54.903 --> 00:22:56.806 of clinical trials worldwide,

NOTE Confidence: 0.861888483

 $00:22:56.806 \longrightarrow 00:23:00.740$  and then you would see a shift

NOTE Confidence: 0.861888483

 $00:23:00.848 \longrightarrow 00:23:04.764$  toward trials being located in

NOTE Confidence: 0.861888483

 $00:23:04.764 \longrightarrow 00:23:07.374$  different nations around the world.

NOTE Confidence: 0.861888483

 $00:23:07.380 \longrightarrow 00:23:10.569$  And this was a period when shifts

NOTE Confidence: 0.861888483

 $00:23:10.569 \longrightarrow 00:23:13.614$  in trial sponsorship moved toward

NOTE Confidence: 0.861888483

 $00:23:13.614 \longrightarrow 00:23:16.050$  industry funding and multinational

NOTE Confidence: 0.861888483

 $00{:}23{:}16.139 \dashrightarrow 00{:}23{:}18.659$  trials became much more common.

NOTE Confidence: 0.861888483

 $00:23:18.660 \longrightarrow 00:23:21.028$  From this period forward.

NOTE Confidence: 0.861888483

 $00:23:21.028 \longrightarrow 00:23:23.948$  But we're following the history of RCT.

NOTE Confidence: 0.861888483

 $00:23:23.950 \longrightarrow 00:23:26.368$  Where they have occurred in this

NOTE Confidence: 0.861888483

 $00:23:26.368 \longrightarrow 00:23:29.460$  talk and so this also aligns with.

NOTE Confidence: 0.861888483

00:23:29.460 --> 00:23:31.750 Some significant moments in the

00:23:31.750 --> 00:23:34.616 history of bioethics and the patient

NOTE Confidence: 0.861888483

 $00{:}23{:}34.616 \dashrightarrow 00{:}23{:}37.116$  protections that we saw develop

NOTE Confidence: 0.861888483

00:23:37.116 --> 00:23:39.844 for participants in RCT's in this

NOTE Confidence: 0.861888483

 $00:23:39.844 \longrightarrow 00:23:41.476$  in this time period,

NOTE Confidence: 0.861888483

 $00:23:41.480 \longrightarrow 00:23:43.040$  so I'd like to explore this

NOTE Confidence: 0.861888483

 $00:23:43.040 \longrightarrow 00:23:44.080$  a little bit more,

NOTE Confidence: 0.861888483

 $00:23:44.080 \longrightarrow 00:23:48.139$  and you can also see on the next slide.

NOTE Confidence: 0.860636564285714

00:23:48.140 --> 00:23:50.597 Fairly similar trends in terms of funding,

NOTE Confidence: 0.860636564285714

 $00{:}23{:}50.600 \dashrightarrow 00{:}23{:}52.605$  so the UK Medical Research

NOTE Confidence: 0.860636564285714

00:23:52.605 --> 00:23:54.610 Council was an original funder.

NOTE Confidence: 0.860636564285714

 $00{:}23{:}54.610 \to 00{:}23{:}57.250$  Then we have the US Public Health service,

NOTE Confidence: 0.860636564285714

00:23:57.250 --> 00:24:00.328 DHS taking a significant role and

NOTE Confidence: 0.860636564285714

 $00:24:00.328 \longrightarrow 00:24:02.291$  then pharmaceutical companies taking

NOTE Confidence: 0.860636564285714

 $00{:}24{:}02.291 \dashrightarrow 00{:}24{:}05.238$ a larger role in more recent history

NOTE Confidence: 0.860636564285714

 $00:24:05.240 \longrightarrow 00:24:07.592$  so RCTs became institutionalized

NOTE Confidence: 0.860636564285714

 $00:24:07.592 \longrightarrow 00:24:10.466$  and expanded in the 1950s.

00:24:10.466 --> 00:24:14.238 But they were not required by any regulators,

NOTE Confidence: 0.860636564285714

 $00:24:14.238 \longrightarrow 00:24:16.614$  and they were also not regulated

NOTE Confidence: 0.860636564285714

 $00:24:16.614 \longrightarrow 00:24:18.259$  in terms of ethics.

NOTE Confidence: 0.860636564285714

00:24:18.260 --> 00:24:21.668 And any any standards for patient

NOTE Confidence: 0.860636564285714

 $00:24:21.668 \longrightarrow 00:24:24.450$  protections and all of this

NOTE Confidence: 0.860636564285714

 $00:24:24.450 \longrightarrow 00:24:26.100$  would eventually come to a head.

NOTE Confidence: 0.860636564285714

00:24:26.100 --> 00:24:30.340 We had post war ethics that had expanded,

NOTE Confidence: 0.860636564285714

 $00:24:30.340 \longrightarrow 00:24:31.990$  but these were not required

NOTE Confidence: 0.860636564285714

 $00:24:31.990 \longrightarrow 00:24:33.640$  or regulated in any sense.

NOTE Confidence: 0.860636564285714

00:24:33.640 --> 00:24:37.367 So the Nuremberg code of 1947 has been

NOTE Confidence: 0.860636564285714

 $00:24:37.367 \longrightarrow 00:24:39.403$  historically celebrated celebrated as

NOTE Confidence: 0.860636564285714

 $00:24:39.403 \longrightarrow 00:24:42.105$  a watershed moment for establishing

NOTE Confidence: 0.860636564285714

 $00{:}24{:}42.105 {\:{\circ}{\circ}{\circ}}>00{:}24{:}44.855$  the requirement of informed consent,

NOTE Confidence: 0.860636564285714 00:24:44.860 --> 00:24:45.592 and indeed, NOTE Confidence: 0.860636564285714

 $00{:}24{:}45.592 \dashrightarrow 00{:}24{:}47.422$  the World Medical Association passed

 $00:24:47.422 \longrightarrow 00:24:49.799$  the resolution on human experimentation.

NOTE Confidence: 0.860636564285714

 $00{:}24{:}49.800 \dashrightarrow 00{:}24{:}52.110$  The principles for those in research

NOTE Confidence: 0.860636564285714

 $00:24:52.110 \longrightarrow 00:24:53.829$  and experimentation in 1954,

NOTE Confidence: 0.860636564285714

 $00:24:53.829 \longrightarrow 00:24:56.624$  which implemented the informed consent

NOTE Confidence: 0.860636564285714

 $00:24:56.624 \longrightarrow 00:24:59.320$  requirement of the Nuremberg Code.

NOTE Confidence: 0.860636564285714

00:24:59.320 --> 00:25:02.281 But this was not put into significant

NOTE Confidence: 0.860636564285714

 $00:25:02.281 \longrightarrow 00:25:03.127$  use internationally.

NOTE Confidence: 0.860636564285714

 $00:25:03.130 \longrightarrow 00:25:06.322$  It predated the development of the

NOTE Confidence: 0.860636564285714

 $00{:}25{:}06.322 \to 00{:}25{:}08.450$  intellectual field and discipline

NOTE Confidence: 0.860636564285714 00:25:08.532 --> 00:25:09.550 of bioethics,

NOTE Confidence: 0.860636564285714

 $00{:}25{:}09.550 \dashrightarrow 00{:}25{:}12.875$  and also there were no ethical or

NOTE Confidence: 0.860636564285714

00:25:12.875 --> 00:25:14.810 regulatory infrastructures to put

NOTE Confidence: 0.860636564285714

 $00:25:14.810 \longrightarrow 00:25:16.945$  the Nuremberg Code into place.

NOTE Confidence: 0.860636564285714

 $00:25:16.950 \longrightarrow 00:25:18.558$  So what happened following the Second

NOTE Confidence: 0.860636564285714

00:25:18.558 --> 00:25:20.509 World War is that those scientists?

NOTE Confidence: 0.860636564285714

 $00:25:20.510 \longrightarrow 00:25:23.828$  Who are keen to follow the code?

 $00:25:23.830 \longrightarrow 00:25:26.784$  Did so and those who were not

NOTE Confidence: 0.860636564285714

 $00:25:26.784 \longrightarrow 00:25:29.207$  particularly seeing this as their

NOTE Confidence: 0.860636564285714

00:25:29.207 --> 00:25:30.824 primary objective scientifically

NOTE Confidence: 0.860636564285714

 $00:25:30.824 \longrightarrow 00:25:34.070$  continued to do business as usual,

NOTE Confidence: 0.860636564285714

 $00:25:34.070 \longrightarrow 00:25:38.132$  which led to some real significant

NOTE Confidence: 0.860636564285714

 $00:25:38.132 \longrightarrow 00:25:40.662$  problems for patient protections.

NOTE Confidence: 0.860636564285714

00:25:40.662 --> 00:25:44.178 So unregulated research came to a

NOTE Confidence: 0.860636564285714

00:25:44.178 --> 00:25:46.866 breaking point in the late 1950s

NOTE Confidence: 0.860636564285714

 $00:25:46.866 \longrightarrow 00:25:48.850$  with the solidified crisis,

NOTE Confidence: 0.860636564285714

 $00:25:48.850 \longrightarrow 00:25:51.510$  and here you can see an ad.

NOTE Confidence: 0.860636564285714

 $00:25:51.510 \longrightarrow 00:25:53.970$  From a Swedish.

NOTE Confidence: 0.860636564285714

 $00:25:53.970 \longrightarrow 00:25:56.250$  Producer of solid amide claiming

NOTE Confidence: 0.860636564285714

 $00{:}25{:}56.250 \dashrightarrow 00{:}25{:}59.390$  that it was safe for children.

NOTE Confidence: 0.860636564285714

00:25:59.390 --> 00:26:02.870 The drug quality mind was sold

NOTE Confidence: 0.860636564285714

 $00:26:02.870 \longrightarrow 00:26:04.610$  around the world.

00:26:04.610 --> 00:26:08.444 And it was widely distributed in

NOTE Confidence: 0.860636564285714

 $00:26:08.444 \longrightarrow 00:26:12.109$  numerous countries and it was sold.

NOTE Confidence: 0.860636564285714

 $00:26:12.110 \longrightarrow 00:26:13.209$  Or it was it was not sold.

NOTE Confidence: 0.860636564285714

00:26:13.210 --> 00:26:16.689 It was available in the Dominican Republic,

NOTE Confidence: 0.860636564285714

00:26:16.690 --> 00:26:18.586 France, Hungary, in the United States,

NOTE Confidence: 0.860636564285714

 $00{:}26{:}18.590 \dashrightarrow 00{:}26{:}22.551$  which meant that doctors who were

NOTE Confidence: 0.860636564285714

 $00:26:22.551 \longrightarrow 00:26:25.486$  distributing the drug to patients

NOTE Confidence: 0.860636564285714

 $00:26:25.490 \longrightarrow 00:26:29.486$  could do so for experimental purposes.

NOTE Confidence: 0.860636564285714

 $00:26:29.490 \longrightarrow 00:26:32.717$  But it was not yet approved for

NOTE Confidence: 0.860636564285714

 $00:26:32.717 \longrightarrow 00:26:37.150$  Sale by pharmacies. So, uh.

NOTE Confidence: 0.860636564285714

 $00{:}26{:}37.150 \dashrightarrow 00{:}26{:}40.630$  This drug was being widely used

NOTE Confidence: 0.860636564285714

 $00:26:40.630 \longrightarrow 00:26:44.514$  by pregnant women to assist with

NOTE Confidence: 0.860636564285714

00:26:44.514 --> 00:26:45.870 warnings sickness.

NOTE Confidence: 0.860636564285714

00:26:45.870 --> 00:26:51.070 And a Doctor Who is prescribing this drug.

NOTE Confidence: 0.860636564285714

00:26:51.070 --> 00:26:53.840 Doctor Videocine lens in Germany

NOTE Confidence: 0.860636564285714

 $00:26:53.840 \longrightarrow 00:26:57.250$  started to notice a significant

 $00:26:57.250 \longrightarrow 00:26:59.296$  exponential spike in.

NOTE Confidence: 0.825997625

 $00:27:02.020 \longrightarrow 00:27:05.660$  Phocomelia, which is a.

NOTE Confidence: 0.825997625

 $00:27:05.660 \longrightarrow 00:27:08.200$  A birth defect of children

NOTE Confidence: 0.825997625

00:27:08.200 --> 00:27:10.744 being born with deformed limbs,

NOTE Confidence: 0.825997625

 $00:27:10.744 \longrightarrow 00:27:14.300$  he also saw a rise in stillbirths

NOTE Confidence: 0.825997625

 $00{:}27{:}14.402 \dashrightarrow 00{:}27{:}17.036$  and pregnancy is not going to

NOTE Confidence: 0.825997625

 $00:27:17.036 \longrightarrow 00:27:19.395$  turn to term and he identified

NOTE Confidence: 0.825997625

 $00:27:19.395 \longrightarrow 00:27:21.810$  the link between the rise and the

NOTE Confidence: 0.825997625

 $00{:}27{:}21.885 \to 00{:}27{:}23.745$  consumption of The Little Mermaid

NOTE Confidence: 0.825997625

 $00:27:23.745 \longrightarrow 00:27:26.629$  and the rise in these birth defects.

NOTE Confidence: 0.825997625

00:27:26.630 --> 00:27:29.367 And he was ridiculed by Kenny Grunenthal,

NOTE Confidence: 0.825997625

 $00{:}27{:}29.370 \dashrightarrow 00{:}27{:}31.806$  the drug company who had created

NOTE Confidence: 0.825997625

 $00{:}27{:}31.806 \dashrightarrow 00{:}27{:}34.372$  solidified as a half wait intent

NOTE Confidence: 0.825997625

 $00:27:34.372 \longrightarrow 00:27:36.958$  on murdering a drug by spreading.

NOTE Confidence: 0.825997625

00:27:36.960 --> 00:27:40.605 Rumor but I soon became clear

 $00:27:40.605 \longrightarrow 00:27:42.249$  that he was right,

NOTE Confidence: 0.825997625

 $00{:}27{:}42.250 \dashrightarrow 00{:}27{:}45.590$  and the thalidomide epidemic

NOTE Confidence: 0.825997625

 $00:27:45.590 \longrightarrow 00:27:49.765$  broke out throughout the world.

NOTE Confidence: 0.825997625

 $00:27:49.770 \longrightarrow 00:27:52.635$  It started to be documented

NOTE Confidence: 0.825997625

 $00:27:52.635 \longrightarrow 00:27:54.927$  within the medical literature.

NOTE Confidence: 0.7355653

 $00:27:57.830 \longrightarrow 00:28:03.090$  And. Alarms really started to be

NOTE Confidence: 0.7355653

 $00:28:03.090 \longrightarrow 00:28:05.610$  raised in the US. Frances Kelsey,

NOTE Confidence: 0.7355653

00:28:05.610 --> 00:28:07.308 who is a pharmacologist and reviewer

NOTE Confidence: 0.7355653

 $00{:}28{:}07.308 \dashrightarrow 00{:}28{:}09.570$  for the Food and Drug Administration,

NOTE Confidence: 0.7355653

 $00:28:09.570 \longrightarrow 00:28:12.782$  also was concerned about

NOTE Confidence: 0.7355653

00:28:12.782 --> 00:28:14.388 thalidomide exposure.

NOTE Confidence: 0.7355653

 $00:28:14.390 \longrightarrow 00:28:17.330$  And she kept the drug from

NOTE Confidence: 0.7355653

 $00:28:17.330 \longrightarrow 00:28:19.800$  being approved by the FDA.

NOTE Confidence: 0.7355653

 $00:28:19.800 \longrightarrow 00:28:21.852$  And as news of the crisis

NOTE Confidence: 0.7355653

 $00:28:21.852 \longrightarrow 00:28:23.750$  broke out around the world,

NOTE Confidence: 0.7355653

 $00:28:23.750 \longrightarrow 00:28:27.140$  she was really celebrated for

 $00:28:27.140 \longrightarrow 00:28:29.670$  having prevented the the drug

NOTE Confidence: 0.7355653

00:28:29.670 --> 00:28:30.840 from reaching populations.

NOTE Confidence: 0.7355653

00:28:30.840 --> 00:28:33.336 More broadly, in the United States,

NOTE Confidence: 0.7355653

 $00:28:33.340 \longrightarrow 00:28:35.984$  she received the President's

NOTE Confidence: 0.7355653

 $00{:}28{:}35.984 \dashrightarrow 00{:}28{:}38.628$  medal for distinguished service.

NOTE Confidence: 0.7355653

 $00:28:38.630 \longrightarrow 00:28:41.668$  And in response to all of this,

NOTE Confidence: 0.7355653

 $00:28:41.670 \longrightarrow 00:28:44.425$  government leaders realized that we

NOTE Confidence: 0.7355653

 $00{:}28{:}44.425 \dashrightarrow 00{:}28{:}48.324$  needed to see some more robust controls

NOTE Confidence: 0.7355653

 $00{:}28{:}48.324 \dashrightarrow 00{:}28{:}51.526$  to prevent some sort of epidemic

NOTE Confidence: 0.7355653

 $00:28:51.526 \longrightarrow 00:28:54.506$  like this from occurring again.

NOTE Confidence: 0.7355653

 $00:28:54.510 \longrightarrow 00:28:56.690$  It was really the determination

NOTE Confidence: 0.7355653

 $00{:}28{:}56.690 \dashrightarrow 00{:}28{:}58.870$  and stubbornness of Kelsey who

NOTE Confidence: 0.7355653

 $00:28:58.944 \longrightarrow 00:29:01.159$  prevented a broader epidemic in

NOTE Confidence: 0.7355653

00:29:01.159 --> 00:29:03.374 the United States than occurred

NOTE Confidence: 0.7355653

 $00:29:03.449 \longrightarrow 00:29:07.800$  in other parts of the world, but.

00:29:07.800 --> 00:29:08.175 Smartly,

NOTE Confidence: 0.7355653

 $00{:}29{:}08.175 \dashrightarrow 00{:}29{:}10.425$  the regulators at the time were

NOTE Confidence: 0.7355653

 $00:29:10.425 \longrightarrow 00:29:13.180$  seeing that they needed a more robust

NOTE Confidence: 0.7355653

 $00:29:13.180 \longrightarrow 00:29:15.125$  infrastructure to prevent this sort

NOTE Confidence: 0.7355653

 $00:29:15.125 \longrightarrow 00:29:17.360$  of thing from happening again.

NOTE Confidence: 0.7355653

00:29:17.360 --> 00:29:20.734 We couldn't simply rely on a plucky

NOTE Confidence: 0.7355653

 $00{:}29{:}20.740 \dashrightarrow 00{:}29{:}24.366$  individual in the FDA to to prevent

NOTE Confidence: 0.7355653

00:29:24.366 --> 00:29:27.222 this sort of incident from occurring,

NOTE Confidence: 0.7355653

 $00:29:27.222 \longrightarrow 00:29:30.148$  and so this led to the 1962

NOTE Confidence: 0.7355653

 $00{:}29{:}30.148 \dashrightarrow 00{:}29{:}31.102$  Kiefaber Harris amendments.

NOTE Confidence: 0.7355653

00:29:31.102 --> 00:29:32.692 The Food and Drug Act,

NOTE Confidence: 0.7355653

 $00:29:32.700 \longrightarrow 00:29:34.962$  which led to the requirements for

NOTE Confidence: 0.7355653

 $00:29:34.962 \longrightarrow 00:29:37.020$  adequate and well controlled studies,

NOTE Confidence: 0.7355653

 $00:29:37.020 \longrightarrow 00:29:39.288$  and this was the creation of the

NOTE Confidence: 0.7355653

 $00:29:39.288 \longrightarrow 00:29:41.670$  requirement in the expectation that RCT.

NOTE Confidence: 0.7355653

 $00:29:41.670 \longrightarrow 00:29:43.950$  Be used for drug approval,

 $00:29:43.950 \longrightarrow 00:29:46.561$  but it also led to the first

NOTE Confidence: 0.7355653

 $00:29:46.561 \longrightarrow 00:29:48.360$  legal requirement of informed

NOTE Confidence: 0.7355653

00:29:48.360 --> 00:29:50.740 consent for research subjects,

NOTE Confidence: 0.7355653

 $00:29:50.740 \longrightarrow 00:29:54.437$  so this was a significant moment for

NOTE Confidence: 0.7355653

 $00:29:54.437 \longrightarrow 00:29:58.079$  the transition from the Nuremberg Code.

NOTE Confidence: 0.7355653

00:29:58.080 --> 00:30:00.495 Ideas into an actual regulatory

NOTE Confidence: 0.7355653

 $00:30:00.495 \longrightarrow 00:30:03.426$  reality so that studies that were

NOTE Confidence: 0.7355653

00:30:03.426 --> 00:30:06.415 being brought to the FDA had to

NOTE Confidence: 0.7355653

 $00:30:06.415 \longrightarrow 00:30:09.105$  demonstrate that they had obtained

NOTE Confidence: 0.7355653

 $00:30:09.105 \longrightarrow 00:30:12.025$  informed consent from research subjects.

NOTE Confidence: 0.7355653

 $00:30:12.030 \longrightarrow 00:30:13.230$  And in response to this,

NOTE Confidence: 0.7355653

 $00:30:13.230 \longrightarrow 00:30:16.032$  the FDA held a conference on the

NOTE Confidence: 0.7355653

 $00{:}30{:}16.032 \dashrightarrow 00{:}30{:}18.200$  amendments and you can see that it was

NOTE Confidence: 0.7355653

 $00:30:18.264 \longrightarrow 00:30:20.164$  extremely well attended with standing

NOTE Confidence: 0.7355653

00:30:20.164 --> 00:30:23.210 room only from members of the drug industry,

 $00:30:23.210 \longrightarrow 00:30:25.492$  and this led to a complete shift

NOTE Confidence: 0.7355653

 $00:30:25.492 \longrightarrow 00:30:28.206$  in the way that drugs were approved

NOTE Confidence: 0.7355653

00:30:28.206 --> 00:30:30.466 and the expectations of having

NOTE Confidence: 0.7355653

 $00:30:30.470 \longrightarrow 00:30:34.010$  RCT's before drug approval.

NOTE Confidence: 0.7355653

 $00:30:34.010 \longrightarrow 00:30:35.720$  The regulation of research expanded

NOTE Confidence: 0.7355653

 $00:30:35.720 \longrightarrow 00:30:37.940$  globally at this point in history,

NOTE Confidence: 0.7355653

 $00:30:37.940 \longrightarrow 00:30:39.770$  with a new emphasis on

NOTE Confidence: 0.7355653

 $00:30:39.770 \longrightarrow 00:30:41.234$  research ethics as well.

NOTE Confidence: 0.7355653

00:30:41.240 --> 00:30:43.768 The World Medical Association

NOTE Confidence: 0.7355653

00:30:43.768 --> 00:30:45.664 Declaration of Helsinki.

NOTE Confidence: 0.7355653

 $00{:}30{:}45.670 \dashrightarrow 00{:}30{:}49.590$  Was adopted by the 18th World Medical

NOTE Confidence: 0.7355653

 $00:30:49.590 \longrightarrow 00:30:51.888$  Association General Assembly in 1964.

NOTE Confidence: 0.7355653

 $00:30:51.888 \longrightarrow 00:30:54.036$  This enshrined the main principles of

NOTE Confidence: 0.7355653

 $00:30:54.036 \longrightarrow 00:30:56.048$  the Nuremberg Code demanding informed

NOTE Confidence: 0.7355653

 $00:30:56.048 \longrightarrow 00:30:58.688$  consent and respect for research subjects,

NOTE Confidence: 0.7355653

 $00:30:58.690 \longrightarrow 00:31:01.264$  and this was incorporated into the

00:31:01.264 --> 00:31:03.522 FDA informed consent requirements and

NOTE Confidence: 0.7355653

 $00:31:03.522 \longrightarrow 00:31:05.887$  also into other international ethics

NOTE Confidence: 0.7355653

 $00:31:05.887 \longrightarrow 00:31:08.230$  regulatory requirements around the world.

NOTE Confidence: 0.7355653

 $00:31:08.230 \longrightarrow 00:31:11.770$  So the declaration of Helsinki.

NOTE Confidence: 0.7355653

00:31:11.770 --> 00:31:14.140 Is ethically binding on physicians,

NOTE Confidence: 0.7355653

 $00:31:14.140 \longrightarrow 00:31:15.740$  and that obligation overrides any

NOTE Confidence: 0.7355653

 $00:31:15.740 \longrightarrow 00:31:18.050$  national or local laws or regulations.

NOTE Confidence: 0.7355653

 $00:31:18.050 \longrightarrow 00:31:19.654$  If the declaration provides

NOTE Confidence: 0.7355653

 $00:31:19.654 \longrightarrow 00:31:20.857$  a higher protection,

NOTE Confidence: 0.7355653

 $00:31:20.860 \longrightarrow 00:31:22.715$  it requires all research involving

NOTE Confidence: 0.7355653

00:31:22.715 --> 00:31:24.984 human subjects to be discussed by

NOTE Confidence: 0.7355653

 $00{:}31{:}24.984 \dashrightarrow 00{:}31{:}26.729$  a committee with members other

NOTE Confidence: 0.7355653

 $00:31:26.729 \longrightarrow 00:31:27.776$  than the researchers,

NOTE Confidence: 0.7355653

 $00:31:27.780 \longrightarrow 00:31:30.244$  and this was really a direct reflection

NOTE Confidence: 0.7355653

 $00:31:30.244 \longrightarrow 00:31:33.040$  of the problems of the thalidomide crisis.

 $00{:}31{:}33.040 \dashrightarrow 00{:}31{:}36.840$  Because Kenny Groenendaal had been

NOTE Confidence: 0.7355653

 $00{:}31{:}36.840 \dashrightarrow 00{:}31{:}39.294$  developing a drug at studied it

NOTE Confidence: 0.7355653

00:31:39.294 --> 00:31:42.247 internally and it didn't have any sort of.

NOTE Confidence: 0.7355653

 $00:31:42.250 \longrightarrow 00:31:44.465$  External review of the research

NOTE Confidence: 0.7355653

 $00:31:44.465 \longrightarrow 00:31:46.680$  that the company was doing

NOTE Confidence: 0.886532801578947

 $00:31:46.756 \longrightarrow 00:31:49.876$  on this drug and then the drug was

NOTE Confidence: 0.886532801578947

 $00:31:49.876 \longrightarrow 00:31:52.935$  distributed without any sort of external

NOTE Confidence: 0.886532801578947

00:31:52.935 --> 00:31:55.600 accountability and the ethical problems

NOTE Confidence: 0.886532801578947

00:31:55.683 --> 00:31:58.427 of this had become very apparent in

NOTE Confidence: 0.886532801578947

 $00:31:58.427 \dashrightarrow 00:32:01.222$  the results of the the ELIMITE crisis.

NOTE Confidence: 0.886532801578947

 $00:32:01.222 \longrightarrow 00:32:05.933$  And so this was a time of a shift toward

NOTE Confidence: 0.886532801578947

 $00:32:05.933 \longrightarrow 00:32:10.630$  creating the concept of external review.

NOTE Confidence: 0.886532801578947

 $00{:}32{:}10.630 \dashrightarrow 00{:}32{:}13.335$  So the declaration of Helsinki

NOTE Confidence: 0.886532801578947

 $00:32:13.335 \longrightarrow 00:32:15.341$  also established the principles

NOTE Confidence: 0.886532801578947

 $00:32:15.341 \longrightarrow 00:32:17.776$  of respect for the individual

NOTE Confidence: 0.886532801578947

 $00:32:17.776 \longrightarrow 00:32:19.870$  self-determination and informed consent.

 $00:32:19.870 \longrightarrow 00:32:21.400$  The investigators duty to the

NOTE Confidence: 0.886532801578947

 $00:32:21.400 \longrightarrow 00:32:22.624$  patient or the volunteer.

NOTE Confidence: 0.886532801578947

 $00:32:22.630 \longrightarrow 00:32:24.142$  The subjects welfare must

NOTE Confidence: 0.886532801578947

 $00:32:24.142 \longrightarrow 00:32:26.032$  always take precedence over the

NOTE Confidence: 0.886532801578947

00:32:26.032 --> 00:32:27.787 interest of science and society,

NOTE Confidence: 0.886532801578947

 $00:32:27.790 \longrightarrow 00:32:31.955$  and it also had allowances for vulnerable

NOTE Confidence: 0.886532801578947

 $00:32:31.955 \longrightarrow 00:32:34.656$  research participants and so in

NOTE Confidence: 0.886532801578947

 $00{:}32{:}34.656 \dashrightarrow 00{:}32{:}37.668$  response to this regulatory shift and

NOTE Confidence: 0.886532801578947

 $00:32:37.668 \longrightarrow 00:32:41.418$  the requirement of informed consent.

NOTE Confidence: 0.886532801578947

 $00:32:41.420 \longrightarrow 00:32:44.005$  And the incorporation of the

NOTE Confidence: 0.886532801578947

 $00:32:44.005 \longrightarrow 00:32:46.600$  Declaration of Helsinki into clinical

NOTE Confidence: 0.886532801578947

 $00:32:46.600 \longrightarrow 00:32:48.680$  research standards by regulators.

NOTE Confidence: 0.886532801578947

 $00{:}32{:}48.680 \dashrightarrow 00{:}32{:}51.992$  We also saw a significant rise in a

NOTE Confidence: 0.886532801578947

 $00:32:51.992 \longrightarrow 00:32:55.220$  stated use of informed consent in

NOTE Confidence: 0.886532801578947

 $00:32:55.220 \longrightarrow 00:32:58.020$  published RCT's that only increased

00:32:58.020 --> 00:33:00.795 overtime until more recent years,

NOTE Confidence: 0.886532801578947

 $00:33:00.800 \dashrightarrow 00:33:05.036$  when perhaps it became simply assumed.

NOTE Confidence: 0.886532801578947

 $00:33:05.040 \longrightarrow 00:33:08.904$  We also saw following this period a

NOTE Confidence: 0.886532801578947

 $00:33:08.904 \longrightarrow 00:33:12.090$  significant decline in prisoners and

NOTE Confidence: 0.886532801578947

 $00:33:12.090 \longrightarrow 00:33:14.946$  psychiatric inpatients as research

NOTE Confidence: 0.886532801578947

 $00:33:14.946 \longrightarrow 00:33:18.090$  subjects in RCT's reflecting a

NOTE Confidence: 0.886532801578947

 $00:33:18.090 \longrightarrow 00:33:20.940$  shift in thinking among researchers

NOTE Confidence: 0.886532801578947

 $00{:}33{:}20.940 \dashrightarrow 00{:}33{:}23.564$  that vulnerable populations needed

NOTE Confidence: 0.886532801578947

 $00{:}33{:}23.564 \dashrightarrow 00{:}33{:}27.092$  to be protected and could not just

NOTE Confidence: 0.886532801578947

 $00:33:27.092 \longrightarrow 00:33:30.536$  be relied upon and exploited,

NOTE Confidence: 0.886532801578947

 $00{:}33{:}30.536 \dashrightarrow 00{:}33{:}33.472$  particularly given their vulnerability

NOTE Confidence: 0.886532801578947

 $00:33:33.472 \longrightarrow 00:33:37.230$  relative to the broader population.

NOTE Confidence: 0.886532801578947

 $00:33:37.230 \longrightarrow 00:33:40.164$  So simultaneously the civil rights movement

NOTE Confidence: 0.886532801578947

 $00{:}33{:}40.164 \dashrightarrow 00{:}33{:}43.070$  was also motivating new regulations,

NOTE Confidence: 0.886532801578947

 $00:33:43.070 \longrightarrow 00:33:45.814$  protecting minorities in research.

NOTE Confidence: 0.886532801578947

 $00:33:45.814 \longrightarrow 00:33:51.750$  So in 1965 we saw new policies resulting

00:33:51.750 --> 00:33:54.482 from the 1964 Civil Rights Act,

NOTE Confidence: 0.886532801578947

 $00:33:54.482 \longrightarrow 00:33:56.705$  so that no person in the United

NOTE Confidence: 0.886532801578947

 $00:33:56.705 \longrightarrow 00:33:58.745$  States on the grounds of race,

NOTE Confidence: 0.886532801578947

00:33:58.750 --> 00:34:01.050 color, or national origin could

NOTE Confidence: 0.886532801578947

 $00:34:01.050 \longrightarrow 00:34:03.350$  be excluded from participation in,

NOTE Confidence: 0.886532801578947

 $00:34:03.350 \longrightarrow 00:34:05.486$  denied the benefits of or subjected

NOTE Confidence: 0.886532801578947

 $00:34:05.486 \longrightarrow 00:34:06.910$  to discrimination under any.

NOTE Confidence: 0.886532801578947

 $00:34:06.910 \longrightarrow 00:34:08.632$  Program or activity.

NOTE Confidence: 0.886532801578947

00:34:08.632 --> 00:34:10.354 Receiving federal financial

NOTE Confidence: 0.886532801578947

00:34:10.354 --> 00:34:12.364 assistance and this required,

NOTE Confidence: 0.886532801578947 00:34:12.364 --> 00:34:12.842 therefore, NOTE Confidence: 0.886532801578947

 $00:34:12.842 \longrightarrow 00:34:15.710$  that grant and award programs of

NOTE Confidence: 0.886532801578947

 $00{:}34{:}15.793 \dashrightarrow 00{:}34{:}17.797$  the Public Health service.

NOTE Confidence: 0.886532801578947

 $00{:}34{:}17.800 \dashrightarrow 00{:}34{:}20.075$  Would operate in compliance with

NOTE Confidence: 0.886532801578947

 $00:34:20.075 \longrightarrow 00:34:21.440$  civil rights laws,

 $00:34:21.440 \longrightarrow 00:34:24.394$  so this was a significant moment in

NOTE Confidence: 0.886532801578947

 $00:34:24.394 \longrightarrow 00:34:28.002$  the history of a trial ethics and

NOTE Confidence: 0.886532801578947

 $00:34:28.002 \longrightarrow 00:34:30.817$  protections of research subjects because.

NOTE Confidence: 0.886532801578947

 $00:34:30.820 \longrightarrow 00:34:31.894$  At this time, NOTE Confidence: 0.886532801578947

 $00:34:31.894 \longrightarrow 00:34:34.400$  the United States was the leading funder

NOTE Confidence: 0.886532801578947

 $00{:}34{:}34.467 \dashrightarrow 00{:}34{:}36.900$  of clinical trials around the world,

NOTE Confidence: 0.886532801578947

 $00{:}34{:}36.900 \dashrightarrow 00{:}34{:}41.980$  and the attention to nondiscrimination

NOTE Confidence: 0.886532801578947

00:34:41.980 --> 00:34:45.120 was having a significant impact

NOTE Confidence: 0.886532801578947

 $00:34:45.120 \longrightarrow 00:34:49.410$  on the overall norms of research.

NOTE Confidence: 0.886532801578947

 $00:34:49.410 \longrightarrow 00:34:51.080$  First affecting trends in trials

NOTE Confidence: 0.886532801578947

 $00:34:51.080 \longrightarrow 00:34:53.470$  that were funded by the government,

NOTE Confidence: 0.886532801578947

 $00:34:53.470 \longrightarrow 00:34:56.872$  but then also having a ripple effect

NOTE Confidence: 0.886532801578947

 $00:34:56.872 \longrightarrow 00:34:59.704$  on trials conducted by other funding

NOTE Confidence: 0.886532801578947

 $00:34:59.704 \longrightarrow 00:35:01.994$  entities who started to follow

NOTE Confidence: 0.886532801578947

 $00:35:01.994 \longrightarrow 00:35:04.379$  a new scientific norm.

NOTE Confidence: 0.886532801578947

 $00:35:04.380 \dashrightarrow 00:35:08.660$  We also saw an eye NIH grant request

00:35:08.660 --> 00:35:11.558 for proposals shifting to have

NOTE Confidence: 0.886532801578947

 $00:35:11.560 \longrightarrow 00:35:15.080$  basic civil rights requirements of

NOTE Confidence: 0.886532801578947

00:35:15.080 --> 00:35:18.780 occurring in non segregated facilities,

NOTE Confidence: 0.886532801578947

 $00:35:18.780 \longrightarrow 00:35:21.822$  but this was all really insufficient

NOTE Confidence: 0.886532801578947

 $00:35:21.822 \longrightarrow 00:35:25.033$  with regard to addressing the influence

NOTE Confidence: 0.886532801578947

00:35:25.033 --> 00:35:27.778 of racism on scientific research,

NOTE Confidence: 0.886532801578947

 $00:35:27.780 \longrightarrow 00:35:30.582$  and this became very clear when

NOTE Confidence: 0.886532801578947

 $00{:}35{:}30.582 \dashrightarrow 00{:}35{:}32.450$  the Tuskegee syphilis experiment

NOTE Confidence: 0.886532801578947

 $00:35:32.528 \longrightarrow 00:35:34.498$  became public and this was.

NOTE Confidence: 0.886532801578947 00:35:34.500 --> 00:35:34.874 Again, NOTE Confidence: 0.886532801578947

 $00:35:34.874 \longrightarrow 00:35:36.370$  another watershed moment for

NOTE Confidence: 0.886532801578947

 $00:35:36.370 \longrightarrow 00:35:37.866$  the field of bioethics,

NOTE Confidence: 0.886532801578947

 $00{:}35{:}37.870 \dashrightarrow 00{:}35{:}40.649$  so we all know that antibiotics were

NOTE Confidence: 0.886532801578947

 $00:35:40.649 \longrightarrow 00:35:44.156$  first used to treat syphilis in 1943.

NOTE Confidence: 0.886532801578947

 $00:35:44.156 \longrightarrow 00:35:46.784$  However, in 1972,

 $00:35:46.784 \longrightarrow 00:35:50.696$  Tuskegee was exposed as the

NOTE Confidence: 0.886532801578947

00:35:50.696 --> 00:35:52.320 US Public Health service,

NOTE Confidence: 0.886532801578947

 $00:35:52.320 \longrightarrow 00:35:54.690$  studying individuals for 40 years for

NOTE Confidence: 0.886532801578947

 $00:35:54.690 \longrightarrow 00:35:57.080$  the natural progression of the disease,

NOTE Confidence: 0.886532801578947

 $00:35:57.080 \longrightarrow 00:36:00.872$  despite treatment being available and

NOTE Confidence: 0.886532801578947

 $00:36:00.872 \longrightarrow 00:36:03.462$  the sort of ethical justification

NOTE Confidence: 0.886532801578947

 $00:36:03.462 \longrightarrow 00:36:05.199$  that the scientists.

NOTE Confidence: 0.886532801578947

 $00:36:05.200 \longrightarrow 00:36:07.245$  Of the Tuskegee study made

NOTE Confidence: 0.886532801578947

00:36:07.245 --> 00:36:09.290 for themselves was a very

NOTE Confidence: 0.821813180833333

 $00:36:09.369 \longrightarrow 00:36:11.099$  utilitarian arguments.

NOTE Confidence: 0.821813180833333

 $00:36:11.100 \longrightarrow 00:36:13.200$  They felt that because the

NOTE Confidence: 0.821813180833333

 $00:36:13.200 \longrightarrow 00:36:15.300$  populations that they were studying

NOTE Confidence: 0.821813180833333

00:36:15.369 --> 00:36:17.739 didn't have access to medical care,

NOTE Confidence: 0.821813180833333

 $00{:}36{:}17.740 \dashrightarrow 00{:}36{:}21.485$  it was appropriate for them to study

NOTE Confidence: 0.821813180833333

 $00:36:21.485 \longrightarrow 00:36:24.231$  this population because they were

NOTE Confidence: 0.821813180833333

 $00:36:24.231 \longrightarrow 00:36:27.387$  following the existing standard of care

 $00:36:27.387 \longrightarrow 00:36:31.235$  that this population would be receiving

NOTE Confidence: 0.821813180833333

 $00:36:31.235 \longrightarrow 00:36:35.470$  and not having access to to treatment.

NOTE Confidence: 0.821813180833333

 $00{:}36{:}35.470 \dashrightarrow 00{:}36{:}38.067$  Not having access to to health insurance,

NOTE Confidence: 0.821813180833333

00:36:38.070 --> 00:36:41.160 but of course society felt very

NOTE Confidence: 0.821813180833333

 $00:36:41.160 \longrightarrow 00:36:43.710$  differently about this and felt

NOTE Confidence: 0.821813180833333

 $00:36:43.710 \longrightarrow 00:36:46.738$  that we should be holding our health

NOTE Confidence: 0.821813180833333

 $00:36:46.738 \longrightarrow 00:36:49.041$  researchers to the standard of

NOTE Confidence: 0.821813180833333

 $00:36:49.041 \longrightarrow 00:36:51.416$  treatment that is generally practiced

NOTE Confidence: 0.821813180833333

 $00:36:51.416 \longrightarrow 00:36:53.943$  within medicine and not discriminating

NOTE Confidence: 0.821813180833333

 $00:36:53.943 \longrightarrow 00:36:56.688$  against research participants who are

NOTE Confidence: 0.821813180833333

 $00{:}36{:}56.688 \dashrightarrow 00{:}36{:}59.776$  low income and taking advantage of

NOTE Confidence: 0.821813180833333

 $00{:}36{:}59.776 \dashrightarrow 00{:}37{:}03.190$  their lack of access to care in order

NOTE Confidence: 0.821813180833333

 $00:37:03.190 \longrightarrow 00:37:05.440$  to exploit them for for research.

NOTE Confidence: 0.821813180833333

 $00:37:05.440 \longrightarrow 00:37:08.464$  Purpose is preventing access to treatment

NOTE Confidence: 0.821813180833333

00:37:08.464 --> 00:37:12.380 that that others in society are receiving.

 $00:37:12.380 \longrightarrow 00:37:15.053$  But this is a trend that has not gone

NOTE Confidence: 0.821813180833333

 $00:37:15.053 \dashrightarrow 00:37:18.002$  away and will talk about even in recent

NOTE Confidence: 0.821813180833333

 $00:37:18.002 \longrightarrow 00:37:20.809$  years in relation to the COVID-19 trials.

NOTE Confidence: 0.821813180833333

 $00:37:20.810 \longrightarrow 00:37:22.994$  So the ethics response to Tuskegee

NOTE Confidence: 0.821813180833333

 $00:37:22.994 \longrightarrow 00:37:25.370$  was first the 1972 creation of what?

NOTE Confidence: 0.821813180833333

 $00:37:25.370 \dashrightarrow 00:37:28.217$  What is now the Office for Human Research

NOTE Confidence: 0.821813180833333

00:37:28.217 --> 00:37:30.738 protections in DHS and then in 1974,

NOTE Confidence: 0.821813180833333

00:37:30.738 --> 00:37:32.580 the US Department of Health and

NOTE Confidence: 0.821813180833333

 $00{:}37{:}32.648 \dashrightarrow 00{:}37{:}34.982$  Human Services passed Title 45 code

NOTE Confidence: 0.821813180833333

 $00:37:34.982 \longrightarrow 00:37:36.790$  of federal regulations per 46,

NOTE Confidence: 0.821813180833333

 $00{:}37{:}36.790 \dashrightarrow 00{:}37{:}39.154$  creating the requirement for

NOTE Confidence: 0.821813180833333

 $00:37:39.154 \longrightarrow 00:37:40.927$  institutional review boards.

NOTE Confidence: 0.821813180833333

 $00:37:40.930 \longrightarrow 00:37:43.520$  Then you can see here.

NOTE Confidence: 0.821813180833333

 $00:37:43.520 \longrightarrow 00:37:44.584$  Two senators,

NOTE Confidence: 0.821813180833333

 $00:37:44.584 \longrightarrow 00:37:46.180$  Mondale and Kennedy,

NOTE Confidence: 0.821813180833333

 $00:37:46.180 \longrightarrow 00:37:48.916$  who were particularly instrumental

 $00{:}37{:}48.916 \dashrightarrow 00{:}37{:}51.652$  in creating these institutional

NOTE Confidence: 0.821813180833333

 $00:37:51.652 \longrightarrow 00:37:53.196$  policies in 1974.

NOTE Confidence: 0.821813180833333

 $00:37:53.196 \longrightarrow 00:37:55.336$  They helped to pass the

NOTE Confidence: 0.821813180833333

00:37:55.336 --> 00:37:56.620 National Research Act,

NOTE Confidence: 0.821813180833333

 $00:37:56.620 \longrightarrow 00:37:58.490$  creating the National Commission for

NOTE Confidence: 0.821813180833333

00:37:58.490 --> 00:38:00.830 the Protection of Human Subjects of

NOTE Confidence: 0.821813180833333

 $00:38:00.830 \longrightarrow 00:38:02.478$  Biomedical and Behavioral research,

NOTE Confidence: 0.821813180833333

 $00:38:02.480 \longrightarrow 00:38:04.559$  and then also at an international level.

NOTE Confidence: 0.821813180833333 00:38:04.560 --> 00:38:05.540 In 1975, NOTE Confidence: 0.821813180833333

 $00{:}38{:}05.540 \dashrightarrow 00{:}38{:}07.500$  the World Medical Association

NOTE Confidence: 0.821813180833333

 $00:38:07.500 \longrightarrow 00:38:10.449$  made its first revision to the

NOTE Confidence: 0.821813180833333

 $00:38:10.449 \longrightarrow 00:38:12.709$  Declaration of Helsinki in Tokyo.

NOTE Confidence: 0.821813180833333 00:38:12.710 --> 00:38:15.123 So in 1978, NOTE Confidence: 0.821813180833333

00:38:15.123 --> 00:38:17.088 the National Commission for the

NOTE Confidence: 0.821813180833333

 $00:38:17.088 \longrightarrow 00:38:19.565$  Protection of Human Subjects of Biomedical

 $00:38:19.565 \longrightarrow 00:38:21.680$  and Behavioral research created the

NOTE Confidence: 0.821813180833333

 $00{:}38{:}21.680 {\:{\circ}{\circ}{\circ}}>00{:}38{:}24.038$  Belmont report and after many years,

NOTE Confidence: 0.821813180833333

 $00:38:24.038 \longrightarrow 00:38:25.923$  four years of meeting at

NOTE Confidence: 0.821813180833333

00:38:25.923 --> 00:38:28.110 the Belmont Retreat Center,

NOTE Confidence: 0.821813180833333

00:38:28.110 --> 00:38:31.570 this group of leading bioethical

NOTE Confidence: 0.821813180833333

00:38:31.570 --> 00:38:33.646 thinkers had deliberated.

NOTE Confidence: 0.821813180833333

 $00:38:33.650 \longrightarrow 00:38:35.694$  What government policies should

NOTE Confidence: 0.821813180833333

 $00:38:35.694 \longrightarrow 00:38:38.760$  look like with regard to the

NOTE Confidence: 0.821813180833333

 $00:38:38.845 \longrightarrow 00:38:41.525$  guidelines for institutional review

NOTE Confidence: 0.821813180833333

 $00:38:41.525 \longrightarrow 00:38:44.205$  boards and they considered.

NOTE Confidence: 0.821813180833333 00:38:44.210 --> 00:38:45.170 At length, NOTE Confidence: 0.821813180833333

 $00:38:45.170 \longrightarrow 00:38:47.570$  whether they should promote very

NOTE Confidence: 0.821813180833333

00:38:47.570 --> 00:38:49.965 detailed guidelines and they ultimately

NOTE Confidence: 0.821813180833333

00:38:49.965 --> 00:38:53.024 came down to some very core simple

NOTE Confidence: 0.821813180833333

 $00:38:53.024 \longrightarrow 00:38:55.726$  principles that could be broadly and

NOTE Confidence: 0.821813180833333

 $00{:}38{:}55.726 \dashrightarrow 00{:}38{:}57.911$  generally applied because they felt

00:38:57.920 --> 00:39:02.042 like it was inappropriate to try

NOTE Confidence: 0.821813180833333

00:39:02.042 --> 00:39:04.790 to specifically prescribe specific

NOTE Confidence: 0.821813180833333

 $00:39:04.790 \longrightarrow 00:39:07.520$  research ethics for what they could

NOTE Confidence: 0.821813180833333

 $00:39:07.520 \longrightarrow 00:39:10.276$  not necessarily predict would be a

NOTE Confidence: 0.821813180833333

 $00:39:10.276 \longrightarrow 00:39:12.426$  number of different studies scenarios,

NOTE Confidence: 0.821813180833333

 $00:39:12.430 \longrightarrow 00:39:14.320$  and rather it was more appropriate.

NOTE Confidence: 0.821813180833333

 $00:39:14.320 \longrightarrow 00:39:17.320$  We have a broad set of general principles

NOTE Confidence: 0.821813180833333

 $00:39:17.320 \longrightarrow 00:39:20.722$  that should be considered in every context,

NOTE Confidence: 0.821813180833333

 $00:39:20.722 \longrightarrow 00:39:23.492$  regardless of of the variations

NOTE Confidence: 0.821813180833333

 $00:39:23.492 \longrightarrow 00:39:25.640$  that that can occur,

NOTE Confidence: 0.821813180833333

 $00{:}39{:}25.640 \dashrightarrow 00{:}39{:}27.615$  so these principles included respect

NOTE Confidence: 0.821813180833333

 $00:39:27.615 \dashrightarrow 00:39:30.160$  for persons that we should protect.

NOTE Confidence: 0.821813180833333

 $00:39:30.160 \dashrightarrow 00:39:32.656$  All people with voluntary and informed

NOTE Confidence: 0.821813180833333

 $00:39:32.656 \dashrightarrow 00:39:35.119$  consent that researchers must be truthful.

NOTE Confidence: 0.821813180833333

 $00:39:35.120 \longrightarrow 00:39:38.240$  There should be no deception that we

 $00:39:38.240 \longrightarrow 00:39:40.590$  should protect those whose decision

NOTE Confidence: 0.821813180833333

 $00{:}39{:}40.590 \dashrightarrow 00{:}39{:}42.783$  capacities are limited and you

NOTE Confidence: 0.821813180833333

 $00{:}39{:}42.783 \dashrightarrow 00{:}39{:}45.275$  can see in this language a direct

NOTE Confidence: 0.821813180833333

00:39:45.275 --> 00:39:47.267 reaction to the Tuskegee study.

NOTE Confidence: 0.821813180833333

 $00{:}39{:}47.270 \dashrightarrow 00{:}39{:}48.970$  That researchers must be truthful

NOTE Confidence: 0.821813180833333

 $00:39:48.970 \longrightarrow 00:39:51.330$  that there should be no deception.

NOTE Confidence: 0.821813180833333

 $00:39:51.330 \longrightarrow 00:39:54.340$  This is really the reverse of what

NOTE Confidence: 0.821813180833333

 $00:39:54.340 \longrightarrow 00:39:56.360$  the Tuskegee researchers had done,

NOTE Confidence: 0.821813180833333

 $00:39:56.360 \longrightarrow 00:40:00.196$  and so we could see historically the

NOTE Confidence: 0.92887327375

 $00:40:00.200 \longrightarrow 00:40:02.040$  alignment of developments in

NOTE Confidence: 0.92887327375

 $00{:}40{:}02.040 \dashrightarrow 00{:}40{:}03.880$  the civil rights movement.

NOTE Confidence: 0.92887327375

 $00:40:03.880 \longrightarrow 00:40:06.705$  Having a direct influence on

NOTE Confidence: 0.92887327375

00:40:06.705 --> 00:40:08.998 our development of bioethical

NOTE Confidence: 0.92887327375

 $00{:}40{:}08.998 \dashrightarrow 00{:}40{:}11.390$  regulations for clinical trials.

NOTE Confidence: 0.92887327375

00:40:11.390 --> 00:40:14.204 So the next principle that they developed

NOTE Confidence: 0.92887327375

 $00:40:14.204 \longrightarrow 00:40:16.689$  was beneficence doing no harm maximizing.

 $00:40:16.690 \longrightarrow 00:40:18.720$  The benefits and minimizing the

NOTE Confidence: 0.92887327375

 $00{:}40{:}18.720 \dashrightarrow 00{:}40{:}20.750$  risks to the research subjects.

NOTE Confidence: 0.92887327375

00:40:20.750 --> 00:40:23.252 Third, the principle of justice that

NOTE Confidence: 0.92887327375

00:40:23.252 --> 00:40:25.985 burdens and benefits of research should

NOTE Confidence: 0.92887327375

00:40:25.985 --> 00:40:28.465 be distributed fairly and equally.

NOTE Confidence: 0.92887327375

 $00:40:28.470 \longrightarrow 00:40:31.932$  Again, this was really a direct

NOTE Confidence: 0.92887327375

00:40:31.932 --> 00:40:34.706 response to Tuskegee because that

NOTE Confidence: 0.92887327375

 $00{:}40{:}34.706 \dashrightarrow 00{:}40{:}38.205$  was a very clear case in which the

NOTE Confidence: 0.92887327375

00:40:38.205 --> 00:40:41.290 burdens and benefits of research were

NOTE Confidence: 0.92887327375

 $00:40:41.290 \longrightarrow 00:40:44.170$  not distributed fairly and equally.

NOTE Confidence: 0.92887327375

 $00:40:44.170 \longrightarrow 00:40:47.818$  So in response to the creation

NOTE Confidence: 0.92887327375

 $00:40:47.818 \longrightarrow 00:40:51.599$  of the Belmont report and all of

NOTE Confidence: 0.92887327375

 $00:40:51.599 \longrightarrow 00:40:53.834$  the bioethical regulations that

NOTE Confidence: 0.92887327375

 $00:40:53.834 \longrightarrow 00:40:57.482$  we saw come out of tuskeegee,

NOTE Confidence: 0.92887327375

 $00:40:57.490 \longrightarrow 00:41:01.810$  we saw a real significant rise in reference

 $00:41:01.810 \longrightarrow 00:41:05.134$  to institutional review boards being

NOTE Confidence: 0.92887327375

 $00{:}41{:}05.134 \dashrightarrow 00{:}41{:}08.730$  consulted for RCT's that were published.

NOTE Confidence: 0.92887327375

 $00{:}41{:}08.730 \dashrightarrow 00{:}41{:}12.600$  However, we've also seen some substantial

NOTE Confidence: 0.92887327375

 $00:41:12.600 \longrightarrow 00:41:16.010$  and meaningful critiques of this

NOTE Confidence: 0.92887327375

 $00:41:16.010 \longrightarrow 00:41:18.930$  historical process of development.

NOTE Confidence: 0.92887327375

00:41:18.930 --> 00:41:20.136 So, for example,

NOTE Confidence: 0.92887327375

00:41:20.136 --> 00:41:21.744 Patricia King has written

NOTE Confidence: 0.92887327375

00:41:21.744 --> 00:41:22.950 in American bioethics,

NOTE Confidence: 0.92887327375

00:41:22.950 --> 00:41:24.256 individualism, self-determination,

NOTE Confidence: 0.92887327375

00:41:24.256 --> 00:41:26.868 and autonomy are paramount,

NOTE Confidence: 0.92887327375

00:41:26.870 --> 00:41:28.271 paramount, other values,

NOTE Confidence: 0.92887327375

 $00:41:28.271 \longrightarrow 00:41:31.073$  and other ethical issues have historically

NOTE Confidence: 0.92887327375

00:41:31.073 --> 00:41:33.167 enjoyed lesser status even today.

NOTE Confidence: 0.92887327375

 $00:41:33.170 \longrightarrow 00:41:35.366$  The failure to obtain informed consent

NOTE Confidence: 0.92887327375

 $00:41:35.366 \longrightarrow 00:41:37.345$  of the Tuskegee subjects continues

NOTE Confidence: 0.92887327375

 $00{:}41{:}37.345 \dashrightarrow 00{:}41{:}39.157$  to receive greater attention.

 $00:41:39.160 \longrightarrow 00:41:41.266$  And the social and economic conditions

NOTE Confidence: 0.92887327375

00:41:41.266 --> 00:41:43.730 in which the subjects found themselves,

NOTE Confidence: 0.92887327375

 $00:41:43.730 \longrightarrow 00:41:47.066$  which is a really critical entrenchment

NOTE Confidence: 0.92887327375

00:41:47.066 --> 00:41:50.040 observation that will carry forward,

NOTE Confidence: 0.92887327375

 $00:41:50.040 \longrightarrow 00:41:52.896$  as we're looking at the problems that

NOTE Confidence: 0.92887327375

 $00:41:52.896 \longrightarrow 00:41:55.527$  have recurred again and again with

NOTE Confidence: 0.92887327375

00:41:55.527 --> 00:41:58.197 regard to social and economic conditions,

NOTE Confidence: 0.92887327375

 $00:41:58.200 \longrightarrow 00:42:00.844$  leading to desperate research,

NOTE Confidence: 0.92887327375

 $00:42:00.844 \longrightarrow 00:42:02.166$  treatment overtime.

NOTE Confidence: 0.92887327375

 $00{:}42{:}02.170 \dashrightarrow 00{:}42{:}04.172$  Susan Reverby that as the ethicist and

NOTE Confidence: 0.92887327375

 $00:42:04.172 \longrightarrow 00:42:06.109$  historian has also written that we need

NOTE Confidence: 0.92887327375

 $00:42:06.109 \longrightarrow 00:42:08.050$  to avoid just thinking about a simple,

NOTE Confidence: 0.92887327375

 $00{:}42{:}08.050 \dashrightarrow 00{:}42{:}10.647$  good and evil while we pretend that

NOTE Confidence: 0.92887327375

00:42:10.647 --> 00:42:12.505 the structural factors that create

NOTE Confidence: 0.92887327375

 $00:42:12.505 \longrightarrow 00:42:15.217$  problems in the 1st place can be ignored.

 $00:42:17.550 \longrightarrow 00:42:21.033$  So this brings us up to the more recent

NOTE Confidence: 0.912015

00:42:21.040 --> 00:42:24.920 history of advances in bioethics,

NOTE Confidence: 0.912015

00:42:24.920 --> 00:42:28.420 and we've seen a greater attention recently

NOTE Confidence: 0.912015

 $00:42:28.420 \longrightarrow 00:42:31.747$  to diversity and inclusiveness, so.

NOTE Confidence: 0.912015

 $00:42:31.747 \longrightarrow 00:42:34.582$  Following this period in the

NOTE Confidence: 0.912015

 $00:42:34.582 \longrightarrow 00:42:37.790$  late 1970s and into the 1980s,

NOTE Confidence: 0.912015

 $00:42:37.790 \longrightarrow 00:42:41.162$  when there was a concern about

NOTE Confidence: 0.912015

00:42:41.162 --> 00:42:43.631 exploitation of minorities in research,

NOTE Confidence: 0.912015

 $00:42:43.631 \longrightarrow 00:42:47.406$  we saw a shift in our public health

NOTE Confidence: 0.912015

 $00:42:47.406 \longrightarrow 00:42:50.161$  systems leadership so that more

NOTE Confidence: 0.912015

00:42:50.161 --> 00:42:52.969 women and minorities were taking

NOTE Confidence: 0.912015

 $00:42:52.969 \longrightarrow 00:42:56.065$  positions of leadership in the NIH,

NOTE Confidence: 0.912015

 $00:42:56.070 \longrightarrow 00:42:59.718$  and the FDA and within Congress.

NOTE Confidence: 0.912015

 $00:42:59.720 \longrightarrow 00:43:03.940$  And really this professional transition.

NOTE Confidence: 0.912015

00:43:03.940 --> 00:43:06.860 Lead to greater discussion,

NOTE Confidence: 0.912015

00:43:06.860 --> 00:43:09.780 not just of nondiscrimination,

 $00:43:09.780 \longrightarrow 00:43:12.780$  but also of inclusion in research

NOTE Confidence: 0.912015

 $00:43:12.780 \longrightarrow 00:43:15.312$  so that throughout the 1980s

NOTE Confidence: 0.912015

 $00:43:15.312 \longrightarrow 00:43:18.504$  a series of working groups and

NOTE Confidence: 0.912015

 $00:43:18.504 \longrightarrow 00:43:21.102$  conversations were held about what

NOTE Confidence: 0.912015

00:43:21.102 --> 00:43:24.273 would make sense at a policy level,

NOTE Confidence: 0.912015

 $00:43:24.280 \longrightarrow 00:43:26.394$  not just with regard to non discrimination,

NOTE Confidence: 0.912015

00:43:26.400 --> 00:43:29.176 but with regard to having research

NOTE Confidence: 0.912015

 $00{:}43{:}29.176 \dashrightarrow 00{:}43{:}32.206$  reflect the broader population so

NOTE Confidence: 0.912015

 $00:43:32.206 \longrightarrow 00:43:34.630$  that researchers were becoming.

NOTE Confidence: 0.912015

 $00:43:34.630 \longrightarrow 00:43:38.618$  Very aware of the trends toward white

NOTE Confidence: 0.912015

 $00{:}43{:}38.618 \rightarrow 00{:}43{:}42.070$  men being studied more frequently than

NOTE Confidence: 0.912015

00:43:42.070 --> 00:43:45.430 they were members of the population,

NOTE Confidence: 0.912015

 $00:43:45.430 \longrightarrow 00:43:48.330$  and so by the early 1990s,

NOTE Confidence: 0.912015

 $00{:}43{:}48.330 \dashrightarrow 00{:}43{:}50.970$  NIH funded RCT's were then required

NOTE Confidence: 0.912015

00:43:50.970 --> 00:43:53.423 to include people of different

 $00:43:53.423 \longrightarrow 00:43:55.527$  ethnic and racial backgrounds.

NOTE Confidence: 0.912015

00:43:55.530 --> 00:43:58.670 Women, children, and the elderly,

NOTE Confidence: 0.912015

 $00:43:58.670 \longrightarrow 00:44:01.964$  and this was really a result of the work

NOTE Confidence: 0.912015

 $00:44:01.964 \longrightarrow 00:44:04.840$  of women and minorities drawing attention.

NOTE Confidence: 0.912015

 $00:44:04.840 \longrightarrow 00:44:08.130$  To these issues at a governmental level

NOTE Confidence: 0.912015

00:44:08.130 --> 00:44:11.939 so that the NIH Revitalization Act of

NOTE Confidence: 0.912015

00:44:11.940 --> 00:44:14.372 1993 institutionalized the expectation

NOTE Confidence: 0.912015

 $00:44:14.372 \longrightarrow 00:44:18.020$  that these populations be included in

NOTE Confidence: 0.912015

00:44:18.100 --> 00:44:21.460 trials that were funded by the government,

NOTE Confidence: 0.912015

 $00:44:21.460 \longrightarrow 00:44:24.491$  and then the FDA soon followed suit

NOTE Confidence: 0.912015

 $00{:}44{:}24.491 \dashrightarrow 00{:}44{:}27.253$  by also requiring that drug sponsors

NOTE Confidence: 0.912015

 $00:44:27.253 \longrightarrow 00:44:30.255$  of trials include diverse populations

NOTE Confidence: 0.912015

 $00:44:30.255 \longrightarrow 00:44:34.425$  in order to obtain drug approval.

NOTE Confidence: 0.912015

 $00:44:34.430 \longrightarrow 00:44:37.796$  This was also a time when

NOTE Confidence: 0.912015

00:44:37.796 --> 00:44:41.868 scientifically thinking shifted so that.

NOTE Confidence: 0.912015

 $00:44:41.870 \longrightarrow 00:44:43.990$  Inclusiveness of diverse populations was

 $00{:}44{:}43.990 \dashrightarrow 00{:}44{:}46.940$  not just seen as ethically appropriate.

NOTE Confidence: 0.912015

 $00:44:46.940 \longrightarrow 00:44:50.900$  It was also seen as scientifically

NOTE Confidence: 0.912015

 $00:44:50.900 \longrightarrow 00:44:55.605$  more rigorous and race and other

NOTE Confidence: 0.912015

 $00:44:55.605 \longrightarrow 00:44:58.830$  demographic backgrounds started to be

NOTE Confidence: 0.912015

 $00{:}44{:}58.830 \dashrightarrow 00{:}45{:}02.928$  included in study design in order to

NOTE Confidence: 0.912015

 $00:45:02.928 \longrightarrow 00:45:08.028$  make our scientific findings more useful.

NOTE Confidence: 0.912015

 $00:45:08.030 \longrightarrow 00:45:11.336$  So we stopped shifts overtime with

NOTE Confidence: 0.912015

 $00{:}45{:}11.336 \dashrightarrow 00{:}45{:}13.540$  increasing discussion of defining

NOTE Confidence: 0.912015

 $00{:}45{:}13.622 \dashrightarrow 00{:}45{:}15.807$  the race of trial subjects.

NOTE Confidence: 0.912015

 $00:45:15.810 \longrightarrow 00:45:19.226$  You see, there was a spike in attention.

NOTE Confidence: 0.912015

 $00{:}45{:}19.230 --> 00{:}45{:}19.698 \ \mathrm{Uh},$ 

NOTE Confidence: 0.912015

 $00:45:19.698 \longrightarrow 00:45:22.506$  aligning with the the civil rights

NOTE Confidence: 0.912015

 $00{:}45{:}22.506 \to 00{:}45{:}25.711$  movement and then in more recent years

NOTE Confidence: 0.912015

 $00:45:25.711 \longrightarrow 00:45:28.754$  we saw a significant rise in in at

NOTE Confidence: 0.912015

 $00:45:28.754 \longrightarrow 00:45:31.460$  least defining the race of trial subjects.

00:45:31.460 --> 00:45:34.780 But we can talk in the Q&A about

NOTE Confidence: 0.912015

 $00{:}45{:}34.780 \dashrightarrow 00{:}45{:}36.920$  the significant limitations of

NOTE Confidence: 0.912015

 $00:45:36.920 \longrightarrow 00:45:39.226$  the existing regulatory structure

NOTE Confidence: 0.912015

 $00:45:39.226 \longrightarrow 00:45:42.316$  with regard to trial diversity.

NOTE Confidence: 0.912015

 $00:45:42.320 \longrightarrow 00:45:45.428$  You can see here there was also

NOTE Confidence: 0.912015

00:45:45.428 --> 00:45:47.439 an increased attention overtime

NOTE Confidence: 0.912015

00:45:47.439 --> 00:45:50.495 to enrolling pregnant women and

NOTE Confidence: 0.912015

 $00:45:50.495 \longrightarrow 00:45:53.235$  considering the myriad ethical

NOTE Confidence: 0.912015

 $00:45:53.235 \longrightarrow 00:45:57.100$  dimensions of that in clinical research.

NOTE Confidence: 0.912015

 $00:45:57.100 \longrightarrow 00:45:59.900$  But the past several decades

NOTE Confidence: 0.912015

 $00{:}45{:}59.900 \dashrightarrow 00{:}46{:}02.789$  have really given us a lot more

NOTE Confidence: 0.912015

 $00:46:02.790 \longrightarrow 00:46:06.108$  thought and attention to issues of

NOTE Confidence: 0.912015

 $00:46:06.108 \longrightarrow 00:46:07.767$  participant participant diversity.

NOTE Confidence: 0.912015

 $00:46:07.770 \longrightarrow 00:46:09.814$  From an ethical perspective.

NOTE Confidence: 0.912015

 $00:46:09.814 \longrightarrow 00:46:12.880$  We've also seen a recent issues

NOTE Confidence: 0.912015

00:46:12.974 --> 00:46:15.959 with regard to child globalization,

 $00:46:15.960 \longrightarrow 00:46:18.600$  so global RCT policies to

NOTE Confidence: 0.912015

 $00:46:18.600 \longrightarrow 00:46:21.240$  the extent that they exist,

NOTE Confidence: 0.912015

 $00:46:21.240 \longrightarrow 00:46:23.580$  tend to reflect competing interests.

NOTE Confidence: 0.912015

 $00:46:23.580 \longrightarrow 00:46:25.928$  The International Council for

NOTE Confidence: 0.912015

00:46:25.928 --> 00:46:29.151 Harmonization was created in 1992,

NOTE Confidence: 0.912015

 $00{:}46{:}29.151 \dashrightarrow 00{:}46{:}33.506$  attempt to regulate basic standards

NOTE Confidence: 0.912015

 $00:46:33.506 \longrightarrow 00:46:36.760$  of drug trials around the world,

NOTE Confidence: 0.912015

 $00:46:36.760 \longrightarrow 00:46:38.818$  but this is really been critiqued

NOTE Confidence: 0.912015

 $00{:}46{:}38.818 \longrightarrow 00{:}46{:}41.006$  for having an industry focused and

NOTE Confidence: 0.912015

 $00{:}46{:}41.006 \dashrightarrow 00{:}46{:}42.886$  also for its non inclusiveness.

NOTE Confidence: 0.912015

00:46:42.890 --> 00:46:44.966 Of diverse populations around

NOTE Confidence: 0.912015

 $00:46:44.966 \longrightarrow 00:46:48.080$  the world at a policy making

NOTE Confidence: 0.836831488181818

00:46:48.173 --> 00:46:50.594 level, this has started to

NOTE Confidence: 0.836831488181818

 $00:46:50.594 \longrightarrow 00:46:52.949$  shift in more recent years,

NOTE Confidence: 0.836831488181818

 $00:46:52.950 \longrightarrow 00:46:56.534$  but as we've seen this trend toward

00:46:56.534 --> 00:46:59.870 clinical trials being conducted globally,

NOTE Confidence: 0.836831488181818

 $00:46:59.870 \longrightarrow 00:47:02.405$  the issues of patient protections

NOTE Confidence: 0.836831488181818

 $00:47:02.405 \longrightarrow 00:47:05.530$  and human diversity take on new

NOTE Confidence: 0.836831488181818

 $00:47:05.530 \longrightarrow 00:47:08.430$  valences that require attention at a

NOTE Confidence: 0.836831488181818

 $00:47:08.430 \longrightarrow 00:47:10.830$  policymaking level that really has

NOTE Confidence: 0.836831488181818

 $00:47:10.911 \longrightarrow 00:47:13.387$  not been sufficiently addressed.

NOTE Confidence: 0.836831488181818

00:47:13.390 --> 00:47:14.460 And unfortunately,

NOTE Confidence: 0.836831488181818

 $00:47:14.460 \longrightarrow 00:47:17.670$  history is tended to repeat itself,

NOTE Confidence: 0.836831488181818

 $00{:}47{:}17.670 \dashrightarrow 00{:}47{:}20.330$  so as trials have globalized

NOTE Confidence: 0.836831488181818

 $00:47:20.330 \longrightarrow 00:47:21.990$  social inequalities continue to

NOTE Confidence: 0.836831488181818

 $00{:}47{:}21.990 \dashrightarrow 00{:}47{:}24.065$  have ramifications for our cities.

NOTE Confidence: 0.836831488181818

 $00:47:24.070 \longrightarrow 00:47:25.094$  For example,

NOTE Confidence: 0.836831488181818

 $00:47:25.094 \longrightarrow 00:47:28.998$  there were the scenarios of the ACTH

NOTE Confidence: 0.836831488181818

 $00{:}47{:}28.998 \dashrightarrow 00{:}47{:}33.282$  HIV trials in which participants in Sub

NOTE Confidence: 0.836831488181818

00:47:33.282 --> 00:47:37.070 Saharan Africa were allocated to a placebo,

NOTE Confidence: 0.836831488181818

 $00{:}47{:}37.070 \dashrightarrow 00{:}47{:}39.074$  whereas participants in

 $00:47:39.074 \longrightarrow 00:47:41.746$  developed settings were not,

NOTE Confidence: 0.836831488181818

 $00:47:41.750 \longrightarrow 00:47:44.122$  and this received significant.

NOTE Confidence: 0.836831488181818

 $00:47:44.122 \longrightarrow 00:47:47.087$  Ethical debate and criticism for

NOTE Confidence: 0.836831488181818

 $00:47:47.087 \longrightarrow 00:47:49.753$  repeating the same assumptions that

NOTE Confidence: 0.836831488181818

00:47:49.753 --> 00:47:52.729 had occurred in the Tuskegee study,

NOTE Confidence: 0.836831488181818

00:47:52.730 --> 00:47:55.316 which is that the existing standard

NOTE Confidence: 0.836831488181818

 $00:47:55.316 \longrightarrow 00:47:59.283$  of care of lack of access was used

NOTE Confidence: 0.836831488181818

00:47:59.283 --> 00:48:01.848 to justify studying participants by

NOTE Confidence: 0.836831488181818

 $00{:}48{:}01.848 \dashrightarrow 00{:}48{:}04.296$  not providing the standard of care

NOTE Confidence: 0.836831488181818

 $00{:}48{:}04.296 \dashrightarrow 00{:}48{:}06.940$  for medicine that existed elsewhere.

NOTE Confidence: 0.836831488181818

 $00:48:06.940 \longrightarrow 00:48:09.255$  We've also seen contract research

NOTE Confidence: 0.836831488181818

 $00:48:09.255 \longrightarrow 00:48:11.107$  organizations a multibillion dollar

NOTE Confidence: 0.836831488181818

 $00{:}48{:}11.107 \dashrightarrow 00{:}48{:}13.548$  annual industry being critiqued for

NOTE Confidence: 0.836831488181818

 $00:48:13.548 \longrightarrow 00:48:15.464$  targeting middle income countries,

NOTE Confidence: 0.836831488181818

 $00:48:15.470 \longrightarrow 00:48:18.022$  often with ethnically homogeneous

 $00:48:18.022 \longrightarrow 00:48:18.660$  populations.

NOTE Confidence: 0.836831488181818

 $00{:}48{:}18.660 \dashrightarrow 00{:}48{:}20.208 \ {\rm Looser\ regulatory\ oversight},$ 

NOTE Confidence: 0.836831488181818

 $00:48:20.208 \longrightarrow 00:48:23.730$  sneaker systems, ethical review.

NOTE Confidence: 0.836831488181818

 $00:48:23.730 \longrightarrow 00:48:27.578$  And as a result of this we've seen

NOTE Confidence: 0.836831488181818

 $00:48:27.578 \longrightarrow 00:48:29.074$  patient interchangeability questions

NOTE Confidence: 0.836831488181818

 $00:48:29.074 \longrightarrow 00:48:31.413$  so that we're asking frequently.

NOTE Confidence: 0.836831488181818 00:48:31.413 --> 00:48:31.894 Now,

NOTE Confidence: 0.836831488181818

00:48:31.894 --> 00:48:34.780 are the populations being studied in

NOTE Confidence: 0.836831488181818

 $00{:}48{:}34.862 \dashrightarrow 00{:}48{:}37.490$  our clinical trials internationally,

NOTE Confidence: 0.836831488181818

 $00:48:37.490 \longrightarrow 00:48:40.030$  really reflecting the ultimate consumers

NOTE Confidence: 0.836831488181818

 $00:48:40.030 \longrightarrow 00:48:43.669$  of the products that are being tested?

NOTE Confidence: 0.836831488181818

 $00:48:43.670 \longrightarrow 00:48:45.745$  This has also raised questions

NOTE Confidence: 0.836831488181818

00:48:45.745 --> 00:48:47.405 of post trial treatment,

NOTE Confidence: 0.836831488181818

 $00:48:47.410 \longrightarrow 00:48:50.214$  access to interventions that

NOTE Confidence: 0.836831488181818

 $00:48:50.214 \longrightarrow 00:48:53.719$  are being tested in populations.

NOTE Confidence: 0.836831488181818

 $00:48:53.720 \longrightarrow 00:48:57.050$  Globally and this has really come

00:48:57.050 --> 00:49:00.090 into public awareness again recently

NOTE Confidence: 0.836831488181818

 $00:49:00.090 \longrightarrow 00:49:01.960$  with the COVID vaccine trials.

NOTE Confidence: 0.836831488181818

 $00:49:01.960 \longrightarrow 00:49:03.600$  So despite hosting a clinical

NOTE Confidence: 0.836831488181818

00:49:03.600 --> 00:49:05.780 trial of the Astra Zeneca vaccine,

NOTE Confidence: 0.836831488181818

 $00{:}49{:}05.780 \dashrightarrow 00{:}49{:}08.168$  South Africa was unable to secure

NOTE Confidence: 0.836831488181818

 $00:49:08.168 \longrightarrow 00:49:10.316$  a fair pricing agreement for

NOTE Confidence: 0.836831488181818

00:49:10.316 --> 00:49:11.759 vaccines quite recently,

NOTE Confidence: 0.836831488181818

 $00:49:11.760 \longrightarrow 00:49:15.295$  and the country procured its first million

NOTE Confidence: 0.836831488181818

 $00:49:15.295 \longrightarrow 00:49:19.023$  doses of the vaccine at \$5.25 per dose,

NOTE Confidence: 0.836831488181818

 $00:49:19.023 \longrightarrow 00:49:20.627$  more than double the

NOTE Confidence: 0.930893961666667

 $00:49:22.900 \longrightarrow 00:49:24.247$  \$2.60 per dose.

NOTE Confidence: 0.930893961666667

 $00:49:24.247 \longrightarrow 00:49:26.941$  Paid by the European Union countries

NOTE Confidence: 0.930893961666667

 $00{:}49{:}26.941 \dashrightarrow 00{:}49{:}29.927$  to this same company and so we've

NOTE Confidence: 0.930893961666667

 $00{:}49{:}29.927 \dashrightarrow 00{:}49{:}32.568$  seen this significant concern being

NOTE Confidence: 0.930893961666667

 $00:49:32.568 \longrightarrow 00:49:35.598$  raised at an international level

00:49:35.600 --> 00:49:38.858 with regard to the individuals who

NOTE Confidence: 0.930893961666667

00:49:38.858 --> 00:49:42.414 are being tested in clinical trials,

NOTE Confidence: 0.930893961666667

00:49:42.414 --> 00:49:45.591 not necessarily being treated fairly

NOTE Confidence: 0.930893961666667

 $00:49:45.591 \longrightarrow 00:49:49.360$  and having access to the products

NOTE Confidence: 0.930893961666667

 $00:49:49.360 \longrightarrow 00:49:52.610$  that are are being tested on them

NOTE Confidence: 0.930893961666667

 $00:49:52.610 \longrightarrow 00:49:54.410$  during the course of a study.

NOTE Confidence: 0.930893961666667

 $00:49:54.410 \longrightarrow 00:49:57.380$  Once that study is completed.

NOTE Confidence: 0.930893961666667

 $00:49:57.380 \longrightarrow 00:50:00.208$  So I'd like to close by

NOTE Confidence: 0.930893961666667

 $00{:}50{:}00.208 \dashrightarrow 00{:}50{:}02.760$  highlighting some key findings.

NOTE Confidence: 0.930893961666667

00:50:02.760 --> 00:50:05.676 First trial design study location ethical

NOTE Confidence: 0.930893961666667

 $00{:}50{:}05.676 \dashrightarrow 00{:}50{:}07.620$  safeguards for research subjects.

NOTE Confidence: 0.930893961666667

00:50:07.620 --> 00:50:09.129 Participant diversity investigator,

NOTE Confidence: 0.930893961666667

00:50:09.129 --> 00:50:09.632 accountability,

NOTE Confidence: 0.930893961666667

 $00:50:09.632 \longrightarrow 00:50:12.650$  and even the likelihood of favorable

NOTE Confidence: 0.930893961666667

 $00:50:12.712 \longrightarrow 00:50:14.682$  trial results have all been

NOTE Confidence: 0.930893961666667

 $00:50:14.682 \longrightarrow 00:50:16.258$  historically influenced by social,

00:50:16.260 --> 00:50:18.416 political, and economic context.

NOTE Confidence: 0.930893961666667

 $00:50:18.416 \dashrightarrow 00:50:21.111$  Ongoing trends in RCTs indicate

NOTE Confidence: 0.930893961666667

 $00:50:21.111 \longrightarrow 00:50:23.416$  that intellectual developments have

NOTE Confidence: 0.930893961666667

00:50:23.416 --> 00:50:26.788 tended to be insufficient alone to

NOTE Confidence: 0.930893961666667

 $00:50:26.788 \longrightarrow 00:50:29.699$  change normative research practices.

NOTE Confidence: 0.930893961666667

00:50:29.700 --> 00:50:32.844 We've seen this over and over again where?

NOTE Confidence: 0.930893961666667

 $00:50:32.850 \longrightarrow 00:50:35.282$  Scientific advances have been

NOTE Confidence: 0.930893961666667

 $00:50:35.282 \longrightarrow 00:50:38.930$  adopted by those who are interested.

NOTE Confidence: 0.930893961666667

00:50:38.930 --> 00:50:40.874 Ethical developments have been

NOTE Confidence: 0.930893961666667

 $00:50:40.874 \longrightarrow 00:50:43.790$  incorporated into the research of those

NOTE Confidence: 0.930893961666667

 $00:50:43.862 \longrightarrow 00:50:46.704$  who value those at the goal developments,

NOTE Confidence: 0.930893961666667

 $00:50:46.710 \longrightarrow 00:50:49.700$  but without some sort of

NOTE Confidence: 0.930893961666667

 $00{:}50{:}49.700 \dashrightarrow 00{:}50{:}50.896$  regulatory infrastructure,

NOTE Confidence: 0.930893961666667

 $00:50:50.900 \longrightarrow 00:50:54.152$  there hasn't been a normative shift

NOTE Confidence: 0.930893961666667

 $00:50:54.152 \longrightarrow 00:50:57.736$  toward overall embrace of scientific

00:50:57.736 --> 00:51:01.515 and ethical standards that have

NOTE Confidence: 0.930893961666667

00:51:01.515 --> 00:51:03.740 arguably been necessary to have.

NOTE Confidence: 0.930893961666667

 $00:51:03.740 \longrightarrow 00:51:07.048$  Optimal and ethical science.

NOTE Confidence: 0.930893961666667 00:51:07.050 --> 00:51:07.684 However, NOTE Confidence: 0.930893961666667

 $00:51:07.684 \longrightarrow 00:51:10.850$  once precedents are established through

NOTE Confidence: 0.930893961666667

 $00:51:10.850 \longrightarrow 00:51:14.630$  the leadership of regulators and through

NOTE Confidence: 0.930893961666667

00:51:14.630 --> 00:51:18.239 the leadership of funding agencies,

NOTE Confidence: 0.930893961666667

 $00:51:18.240 \longrightarrow 00:51:20.130$  there have tended to be cultural

NOTE Confidence: 0.930893961666667

 $00:51:20.130 \longrightarrow 00:51:22.223$  shifts in research ethics that have

NOTE Confidence: 0.930893961666667

 $00:51:22.223 \longrightarrow 00:51:23.779$  perpetuated and become normative.

NOTE Confidence: 0.930893961666667

 $00:51:23.780 \longrightarrow 00:51:25.300$  So we've seen this,

NOTE Confidence: 0.93089396166666700:51:25.300 --> 00:51:26.060 for example,

NOTE Confidence: 0.930893961666667

 $00:51:26.060 \longrightarrow 00:51:29.630$  with the development of the Declaration

NOTE Confidence: 0.930893961666667

 $00:51:29.630 \longrightarrow 00:51:32.010$  of Helsinki being incorporated

NOTE Confidence: 0.930893961666667

 $00:51:32.095 \longrightarrow 00:51:34.390$  into regulatory structures.

NOTE Confidence: 0.930893961666667

 $00:51:34.390 \longrightarrow 00:51:36.780$  And the leading drug developing

 $00{:}51{:}36.780 \dashrightarrow 00{:}51{:}39.555$  locations around the world first

NOTE Confidence: 0.930893961666667

 $00:51:39.555 \longrightarrow 00:51:43.040$  and then being adopted by countries

NOTE Confidence: 0.930893961666667

 $00:51:43.040 \longrightarrow 00:51:47.183$  that were following suit of of

NOTE Confidence: 0.930893961666667

 $00:51:47.183 \longrightarrow 00:51:48.962$  leading regulators internationally.

NOTE Confidence: 0.930893961666667

 $00{:}51{:}48.962 \dashrightarrow 00{:}51{:}52.520$  So at once informed consent started

NOTE Confidence: 0.930893961666667

 $00:51:52.607 \longrightarrow 00:51:55.362$  to be required by some countries.

NOTE Confidence: 0.930893961666667

 $00:51:55.362 \longrightarrow 00:51:59.170$  It started to be increasingly required by

NOTE Confidence: 0.930893961666667

 $00{:}51{:}59.266 \dashrightarrow 00{:}52{:}03.548$  others as a sort of normative standard.

NOTE Confidence: 0.930893961666667 00:52:03.550 --> 00:52:03.934 Finally, NOTE Confidence: 0.930893961666667

 $00:52:03.934 \longrightarrow 00:52:05.470$  as new challenges emerge,

NOTE Confidence: 0.930893961666667

00:52:05.470 --> 00:52:07.470 history is provided examples of

NOTE Confidence: 0.930893961666667

 $00:52:07.470 \longrightarrow 00:52:09.470$  how science has been dramatically

NOTE Confidence: 0.930893961666667

 $00{:}52{:}09.536 \dashrightarrow 00{:}52{:}11.596$  transformed through the work of

NOTE Confidence: 0.930893961666667

 $00:52:11.596 \longrightarrow 00:52:13.244$  individuals committed to ethics

NOTE Confidence: 0.930893961666667

 $00:52:13.244 \longrightarrow 00:52:15.328$  and scientific integrity over

 $00:52:15.328 \longrightarrow 00:52:16.930$  other competing interests.

NOTE Confidence: 0.930893961666667

 $00{:}52{:}16.930 \dashrightarrow 00{:}52{:}19.758$  So we've seen a lot of recurring

NOTE Confidence: 0.930893961666667

00:52:19.758 --> 00:52:20.970 problematic themes overtime,

NOTE Confidence: 0.930893961666667

 $00:52:20.970 \longrightarrow 00:52:24.034$  but I'd also like to end on this

NOTE Confidence: 0.930893961666667

 $00:52:24.034 \longrightarrow 00:52:26.852$  point of optimism that we've

NOTE Confidence: 0.930893961666667

 $00:52:26.852 \longrightarrow 00:52:29.464$  seen some really significant.

NOTE Confidence: 0.930893961666667

 $00:52:29.470 \longrightarrow 00:52:32.140$  Game changing.

NOTE Confidence: 0.930893961666667

00:52:32.140 --> 00:52:35.398 Work coming from individuals who have

NOTE Confidence: 0.930893961666667

 $00{:}52{:}35.398 \dashrightarrow 00{:}52{:}38.145$  been committed to scientific rigor

NOTE Confidence: 0.930893961666667

 $00:52:38.145 \longrightarrow 00:52:40.950$  and to ethical standards that have

NOTE Confidence: 0.930893961666667

 $00:52:40.950 \longrightarrow 00:52:43.440$  led to major changes in improving

NOTE Confidence: 0.930893961666667

 $00:52:43.440 \longrightarrow 00:52:45.916$  the quality of science and the

NOTE Confidence: 0.930893961666667

 $00:52:45.916 \longrightarrow 00:52:48.268$  quality of ethics for the broader

NOTE Confidence: 0.930893961666667

00:52:48.349 --> 00:52:50.839 population and so moving forward,

NOTE Confidence: 0.930893961666667

 $00:52:50.840 \longrightarrow 00:52:53.408$  I would like to think that we can

NOTE Confidence: 0.930893961666667

 $00:52:53.408 \longrightarrow 00:52:55.956$  learn from history in this regard as

 $00:52:55.956 \longrightarrow 00:52:59.308$  well that it is quite possible for

NOTE Confidence: 0.930893961666667

 $00:52:59.308 \longrightarrow 00:53:01.855$  committed individuals who are determined.

NOTE Confidence: 0.930893961666667

 $00{:}53{:}01.855 \dashrightarrow 00{:}53{:}05.005$  To change the way that research,

NOTE Confidence: 0.930893961666667

 $00:53:05.010 \longrightarrow 00:53:08.122$  ethics and their overall

NOTE Confidence: 0.930893961666667

00:53:08.122 --> 00:53:10.214 research process operate,

NOTE Confidence: 0.930893961666667

00:53:10.214 --> 00:53:12.350 but you know it,

NOTE Confidence: 0.930893961666667

 $00:53:12.350 \longrightarrow 00:53:15.626$  it takes time and it takes political

NOTE Confidence: 0.930893961666667

 $00:53:15.626 \longrightarrow 00:53:17.829$  will and support as well.

NOTE Confidence: 0.930893961666667

 $00:53:17.830 \longrightarrow 00:53:21.078$  So that's a sort of broad overview

NOTE Confidence: 0.930893961666667

 $00:53:21.078 \longrightarrow 00:53:22.470$  of this history,

NOTE Confidence: 0.930893961666667

 $00{:}53{:}22.470 \dashrightarrow 00{:}53{:}25.230$  and I I look forward very much to

NOTE Confidence: 0.930893961666667

 $00:53:25.230 \longrightarrow 00:53:27.740$  discussing with you all whatever

NOTE Confidence: 0.930893961666667

00:53:27.740 --> 00:53:30.030 is of interest within this.

NOTE Confidence: 0.80591168

 $00{:}53{:}31.690 --> 00{:}53{:}32.870$  Thank you so much Laura.

NOTE Confidence: 0.80591168

 $00:53:32.870 \longrightarrow 00:53:34.070$  That was outstanding. Water.

00:53:34.070 --> 00:53:36.154 Wonderful review. I learned a lot.

NOTE Confidence: 0.80591168

 $00:53:36.154 \longrightarrow 00:53:39.250$  I'm sure most folks on the call did.

NOTE Confidence: 0.80591168

00:53:39.250 --> 00:53:41.041 I would invite you all now folks if you

NOTE Confidence: 0.80591168

 $00:53:41.041 \longrightarrow 00:53:42.701$  have questions or comments to put him

NOTE Confidence: 0.80591168

00:53:42.701 --> 00:53:44.760 through the Q&A function on zoom,

NOTE Confidence: 0.80591168

00:53:44.760 --> 00:53:46.980 and I will just take something,

NOTE Confidence: 0.80591168

 $00{:}53{:}46.980 \dashrightarrow 00{:}53{:}48.408$  take a quick one while while some

NOTE Confidence: 0.80591168

00:53:48.408 --> 00:53:49.870 questions go in there, Laura,

NOTE Confidence: 0.80591168

00:53:49.870 --> 00:53:52.620 it was interesting when you.

NOTE Confidence: 0.80591168

 $00:53:52.620 \longrightarrow 00:53:55.228$  You commented on the I saw President

NOTE Confidence: 0.80591168

 $00:53:55.228 \longrightarrow 00:53:57.104$  Kennedy signing up signing the law

NOTE Confidence: 0.80591168

 $00:53:57.104 \longrightarrow 00:53:59.277$  when when it became federal law in

NOTE Confidence: 0.80591168

 $00:53:59.277 \longrightarrow 00:54:01.107$  the United States about regarding

NOTE Confidence: 0.80591168

 $00:54:01.107 \longrightarrow 00:54:03.466$  informed consent for these trials and

NOTE Confidence: 0.80591168

00:54:03.466 --> 00:54:07.010 about the end of Tuskegee and and the

NOTE Confidence: 0.80591168

 $00:54:07.110 \longrightarrow 00:54:10.160$  progress has been made ethically.

 $00:54:10.160 \longrightarrow 00:54:12.239$  And it it struck me and I,

NOTE Confidence: 0.80591168

 $00{:}54{:}12.240 \dashrightarrow 00{:}54{:}14.193$  I think that you this was perhaps

NOTE Confidence: 0.80591168

00:54:14.193 --> 00:54:17.116 part of your message is that that it

NOTE Confidence: 0.80591168

 $00:54:17.116 \longrightarrow 00:54:20.464$  really wasn't the medical or academic

NOTE Confidence: 0.80591168

 $00:54:20.464 \longrightarrow 00:54:23.630$  community that finally had to say, listen,

NOTE Confidence: 0.80591168

 $00:54:23.630 \longrightarrow 00:54:24.890$  the way we've been doing about this.

NOTE Confidence: 0.80591168

 $00:54:24.890 \longrightarrow 00:54:25.565$  And of course,

NOTE Confidence: 0.80591168

00:54:25.565 --> 00:54:27.140 it wasn't just testing the way we've

NOTE Confidence: 0.80591168

00:54:27.192 --> 00:54:28.806 been going about clinical research,

NOTE Confidence: 0.80591168

00:54:28.806 --> 00:54:29.712 human subjects,

NOTE Confidence: 0.80591168

 $00{:}54{:}29.712 \dashrightarrow 00{:}54{:}33.024$  the absence of really good human subjects

NOTE Confidence: 0.80591168

 $00:54:33.024 \longrightarrow 00:54:35.619$  protection is really not appropriate.

NOTE Confidence: 0.80591168

00:54:35.620 --> 00:54:36.840 This is really not good.

NOTE Confidence: 0.80591168

 $00:54:36.840 \longrightarrow 00:54:38.532$  We need some stricter rules that

NOTE Confidence: 0.80591168

 $00:54:38.532 \longrightarrow 00:54:40.310$  I get the sense that this.

 $00:54:40.310 \longrightarrow 00:54:44.060$  It really didn't happen at the.

NOTE Confidence: 0.80591168

 $00:54:44.060 \longrightarrow 00:54:45.590$  This really wasn't brought about so

NOTE Confidence: 0.80591168

00:54:45.590 --> 00:54:47.180 much by either medicine or academia,

NOTE Confidence: 0.80591168

00:54:47.180 --> 00:54:48.940 but really more by the public when it

NOTE Confidence: 0.80591168

 $00:54:48.940 \longrightarrow 00:54:50.936$  went when it published the New York Times.

NOTE Confidence: 0.80591168

 $00.54.50.940 \longrightarrow 00.54.52.120$  Is that a fair assessment?

NOTE Confidence: 0.866086530555556

 $00:54:53.040 \longrightarrow 00:54:54.952$  Yeah, I think so.

NOTE Confidence: 0.866086530555556

00:54:54.952 --> 00:54:58.524 You know there's been some really nice

NOTE Confidence: 0.866086530555556

 $00:54:58.524 \longrightarrow 00:55:01.569$  scholarship on how this transition

NOTE Confidence: 0.866086530555556

 $00:55:01.569 \longrightarrow 00:55:03.885$  occurred and behind the scenes,

NOTE Confidence: 0.866086530555556

00:55:03.885 --> 00:55:07.249 which I wasn't able to cover in this talk.

NOTE Confidence: 0.866086530555556

 $00:55:07.250 \longrightarrow 00:55:08.801$  There was also.

NOTE Confidence: 0.866086530555556

00:55:08.801 --> 00:55:11.386 A significant effort over the

NOTE Confidence: 0.866086530555556

 $00:55:11.386 \longrightarrow 00:55:14.655$  decade prior to the fiber Harris

NOTE Confidence: 0.866086530555556

00:55:14.655 --> 00:55:16.795 amendments in which senators

NOTE Confidence: 0.866086530555556

00:55:16.795 --> 00:55:19.651 could favor and Harris had tried

00:55:19.651 --> 00:55:21.780 to reform the FDA unsuccessfully,

NOTE Confidence: 0.86608653055555600:55:21.780 --> 00:55:23.070 and so sadly,

NOTE Confidence: 0.866086530555556

 $00:55:23.070 \longrightarrow 00:55:26.117$  what seems to have been a trend

NOTE Confidence: 0.866086530555556

 $00:55:26.117 \longrightarrow 00:55:28.032$  in the history of bioethics

NOTE Confidence: 0.866086530555556

 $00.55.28.032 \longrightarrow 00.55.30.509$  is that it took the public,

NOTE Confidence: 0.866086530555556

 $00:55:30.510 \longrightarrow 00:55:35.557$  becoming aware of a huge violation of

NOTE Confidence: 0.866086530555556

00:55:35.557 --> 00:55:41.130 patient rights and giving that public.

NOTE Confidence: 0.866086530555556

 $00:55:41.130 \longrightarrow 00:55:45.548$  Outcry having having that provide

NOTE Confidence: 0.866086530555556

 $00:55:45.548 \longrightarrow 00:55:48.358$  impetus to the policymakers to

NOTE Confidence: 0.866086530555556

 $00:55:48.358 \longrightarrow 00:55:51.263$  actually carry out the objectives that

NOTE Confidence: 0.866086530555556

00:55:51.263 --> 00:55:54.460 they had been hoping to carry out.

NOTE Confidence: 0.866086530555556

00:55:54.460 --> 00:55:58.332 That's I think not to say that it

NOTE Confidence: 0.866086530555556

 $00{:}55{:}58.332 \dashrightarrow 00{:}56{:}01.419$  isn't possible for change to happen

NOTE Confidence: 0.866086530555556

 $00:56:01.420 \longrightarrow 00:56:05.986$  without a crisis, but there was.

NOTE Confidence: 0.866086530555556

00:56:05.990 --> 00:56:07.925 In this case, and in a number of cases,

 $00:56:07.930 \longrightarrow 00:56:11.810$  historically a conglomeration of effects

NOTE Confidence: 0.866086530555556

 $00:56:11.810 \longrightarrow 00:56:17.600$  where public outcry and political will.

NOTE Confidence: 0.866086530555556

00:56:17.600 --> 00:56:20.918 All moved toward making shifts that,

NOTE Confidence: 0.866086530555556

 $00:56:20.920 \longrightarrow 00:56:22.384$  as you point out,

NOTE Confidence: 0.866086530555556

 $00:56:22.384 \longrightarrow 00:56:24.580$  we're not really being made by

NOTE Confidence: 0.86608653055556

00:56:24.665 --> 00:56:27.109 the scientific community itself,

NOTE Confidence: 0.866086530555556

00:56:27.110 --> 00:56:29.014 and I think we're in a moment

NOTE Confidence: 0.866086530555556

 $00:56:29.014 \longrightarrow 00:56:30.170$  now historically as well.

NOTE Confidence: 0.866086530555556

00:56:30.170 --> 00:56:33.494 Where we have some major crises

NOTE Confidence: 0.866086530555556

 $00:56:33.494 \longrightarrow 00:56:36.042$  of public trust in science

NOTE Confidence: 0.866086530555556

00:56:36.042 --> 00:56:38.532 with regard to drug profits,

NOTE Confidence: 0.866086530555556

 $00:56:38.540 \longrightarrow 00:56:42.355$  and you know the recurring issues of

NOTE Confidence: 0.866086530555556

 $00:56:42.360 \longrightarrow 00:56:45.474$  who is being tested in our in our trials

NOTE Confidence: 0.866086530555556

 $00:56:45.474 \longrightarrow 00:56:48.508$  and their access to treatments where.

NOTE Confidence: 0.866086530555556

00:56:48.510 --> 00:56:51.960 There there is sufficient public

NOTE Confidence: 0.866086530555556

 $00:56:51.960 \longrightarrow 00:56:54.755$  concern and you know the question

 $00:56:54.755 \longrightarrow 00:56:57.856$  is whether we can find the leaders

NOTE Confidence: 0.866086530555556

 $00:56:57.856 \longrightarrow 00:57:00.546$  to make the changes at a policy

NOTE Confidence: 0.866086530555556

 $00{:}57{:}00.546 \to 00{:}57{:}02.006$  level that we've seen historically.

NOTE Confidence: 0.866086530555556

00:57:02.010 --> 00:57:04.218 Because we're now in a in a period

NOTE Confidence: 0.866086530555556

 $00:57:04.218 \longrightarrow 00:57:07.025$  that is much more challenging from a

NOTE Confidence: 0.866086530555556

 $00:57:07.025 \longrightarrow 00:57:09.192$  global perspective where we need to

NOTE Confidence: 0.866086530555556

 $00:57:09.192 \longrightarrow 00:57:11.404$  see some sort of international standards

NOTE Confidence: 0.866086530555556

 $00{:}57{:}11.404 \dashrightarrow 00{:}57{:}14.089$  implemented at a national level.

NOTE Confidence: 0.866086530555556

 $00:57:14.090 \longrightarrow 00:57:16.547$  But that takes a lot of first

NOTE Confidence: 0.866086530555556

00:57:16.547 --> 00:57:17.600 international agreement for

NOTE Confidence: 0.866086530555556

 $00:57:17.668 \longrightarrow 00:57:19.208$  what those standards are.

NOTE Confidence: 0.866086530555556

00:57:19.210 --> 00:57:23.347 And then advocacy at a national level,

NOTE Confidence: 0.866086530555556

 $00{:}57{:}23.350 \dashrightarrow 00{:}57{:}25.162$  from from policy makers to

NOTE Confidence: 0.866086530555556

 $00:57:25.162 \longrightarrow 00:57:26.974$  to implement those changes.

NOTE Confidence: 0.892675470909091

 $00:57:27.960 \longrightarrow 00:57:30.960$  Sometimes, perhaps in addition to the

 $00:57:30.960 \longrightarrow 00:57:33.960$  political will and the leadership.

NOTE Confidence: 0.892675470909091

 $00{:}57{:}33.960 --> 00{:}57{:}36.060$  Again, I think the fact that the

NOTE Confidence: 0.892675470909091

 $00:57:36.060 \longrightarrow 00:57:38.182$  that the that we sometimes require

NOTE Confidence: 0.892675470909091

00:57:38.182 --> 00:57:40.492 public scrutiny before we kind of

NOTE Confidence: 0.892675470909091

 $00:57:40.492 \longrightarrow 00:57:42.898$  come to our senses as a profession.

NOTE Confidence: 0.892675470909091

00:57:42.900 --> 00:57:44.600 I had a boss years ago when I worked New

NOTE Confidence: 0.892675470909091

 $00:57:44.643 \longrightarrow 00:57:46.151$  London, used to talk about the New London

NOTE Confidence: 0.892675470909091

 $00:57:46.151 \longrightarrow 00:57:47.556$  Day rule that was the paper out this.

NOTE Confidence: 0.892675470909091

 $00{:}57{:}47.560 \dashrightarrow 00{:}57{:}49.100$  We call it the New Haven Register

NOTE Confidence: 0.892675470909091

00:57:49.100 --> 00:57:50.798 rule or the New York Times rule.

NOTE Confidence: 0.892675470909091

00:57:50.800 --> 00:57:53.246 Her basic rule was she says, you know,

NOTE Confidence: 0.892675470909091

 $00:57:53.246 \longrightarrow 00:57:54.527$  if you wouldn't want to see it

NOTE Confidence: 0.892675470909091

00:57:54.527 --> 00:57:55.956 on the front page of the paper.

NOTE Confidence: 0.892675470909091

00:57:55.960 --> 00:57:57.436 You got to think very carefully

NOTE Confidence: 0.892675470909091

 $00:57:57.436 \longrightarrow 00:57:59.452$  before you do it and or make it a

NOTE Confidence: 0.892675470909091

 $00{:}57{:}59.452 \dashrightarrow 00{:}58{:}01.198$  policy for what we do in this House.

 $00:58:01.200 \longrightarrow 00:58:02.832$  Is it is that there are so many

NOTE Confidence: 0.892675470909091

 $00:58:02.832 \longrightarrow 00:58:03.540$  things at once.

NOTE Confidence: 0.892675470909091

 $00:58:03.540 \longrightarrow 00:58:05.580$  Once there's been a light shined on them,

NOTE Confidence: 0.892675470909091

 $00:58:05.580 \longrightarrow 00:58:07.220$  people realize now we really

NOTE Confidence: 0.892675470909091

 $00:58:07.220 \longrightarrow 00:58:08.532$  can't be doing that.

NOTE Confidence: 0.892675470909091

 $00:58:08.540 \longrightarrow 00:58:09.828$  I'd like to think and hope that we

NOTE Confidence: 0.892675470909091

 $00:58:09.828 \longrightarrow 00:58:11.196$  can kind of be a step ahead of that.

NOTE Confidence: 0.892675470909091

 $00{:}58{:}11.200 \dashrightarrow 00{:}58{:}12.888$  But of course one of the things about.

NOTE Confidence: 0.892675470909091

00:58:12.890 --> 00:58:14.612 About these meetings and and getting

NOTE Confidence: 0.892675470909091

 $00{:}58{:}14.612 \dashrightarrow 00{:}58{:}16.642$  scholars like you to speak to us is

NOTE Confidence: 0.892675470909091

 $00:58:16.642 \longrightarrow 00:58:18.298$  that there are many scholars and members

NOTE Confidence: 0.892675470909091

 $00:58:18.298 \longrightarrow 00:58:20.350$  of the health care in the audience.

NOTE Confidence: 0.892675470909091

 $00{:}58{:}20.350 \dashrightarrow 00{:}58{:}21.230$  But there's also members of

NOTE Confidence: 0.892675470909091

 $00:58:21.230 \longrightarrow 00:58:22.110$  the public in the audience,

NOTE Confidence: 0.892675470909091

 $00:58:22.110 \longrightarrow 00:58:24.675$  so all of us are hearing and benefiting from

 $00:58:24.675 \longrightarrow 00:58:27.110$  from your wisdom here, Doctor Bothwell.

NOTE Confidence: 0.892675470909091

 $00{:}58{:}27.110 \dashrightarrow 00{:}58{:}30.410$  Now I have some questions please.

NOTE Confidence: 0.892675470909091

00:58:30.410 --> 00:58:32.580 The statistical work that you

NOTE Confidence: 0.892675470909091

 $00:58:32.580 \longrightarrow 00:58:34.316$  referred to early on.

NOTE Confidence: 0.892675470909091

 $00:58:34.320 \longrightarrow 00:58:35.238$  Sir Hills work.

NOTE Confidence: 0.892675470909091

 $00:58:35.238 \longrightarrow 00:58:37.074$  Was someone asked how does the

NOTE Confidence: 0.892675470909091

 $00:58:37.074 \longrightarrow 00:58:38.659$  statistical work of Florence Nightingale

NOTE Confidence: 0.892675470909091

00:58:38.659 --> 00:58:40.920 fit in you familiar with that at all,

NOTE Confidence: 0.892675470909091

 $00:58:40.920 \longrightarrow 00:58:41.130$  or?

NOTE Confidence: 0.850253881818182

00:58:42.080 --> 00:58:44.228 Yeah it's very funny 'cause I

NOTE Confidence: 0.850253881818182

 $00{:}58{:}44.228 \dashrightarrow 00{:}58{:}46.080$  was preparing for this talk.

NOTE Confidence: 0.850253881818182

 $00:58:46.080 \longrightarrow 00:58:49.010$  I was thinking about I visited.

NOTE Confidence: 0.866025682

 $00{:}58{:}51.090 \dashrightarrow 00{:}58{:}55.820$  The British National Archives and.

NOTE Confidence: 0.866025682

 $00:58:55.820 \longrightarrow 00:58:58.124$  Actually held some documents by Florence

NOTE Confidence: 0.866025682

00:58:58.124 --> 00:59:00.659 Nightingale in her in her penmanship,

NOTE Confidence: 0.866025682

 $00{:}59{:}00.660 \dashrightarrow 00{:}59{:}04.240$  which was an incredible experience

00:59:04.240 --> 00:59:08.335 looking at her thinking on on statistics,

NOTE Confidence: 0.866025682

00:59:08.340 --> 00:59:11.515 and I think that there's

NOTE Confidence: 0.866025682

 $00:59:11.515 \longrightarrow 00:59:14.055$  room for scholarship too.

NOTE Confidence: 0.866025682

 $00:59:14.060 \longrightarrow 00:59:16.810$  Better describe the contributions that

NOTE Confidence: 0.866025682

 $00:59:16.810 \longrightarrow 00:59:21.201$  she's made into this sort of evolution of

NOTE Confidence: 0.866025682

00:59:21.201 --> 00:59:24.297 of thought and clinical trial history,

NOTE Confidence: 0.866025682

 $00:59:24.300 \longrightarrow 00:59:26.884$  but certainly she Tran she was a part

NOTE Confidence: 0.866025682

 $00:59:26.884 \longrightarrow 00:59:29.468$  of that transition from thinking about

NOTE Confidence: 0.866025682

 $00{:}59{:}29.468 \dashrightarrow 00{:}59{:}32.264$  patients on an individual level to

NOTE Confidence: 0.866025682

 $00:59:32.344 \longrightarrow 00:59:36.242$  thinking about science more in medicine,

NOTE Confidence: 0.866025682

 $00{:}59{:}36.242 \dashrightarrow 00{:}59{:}39.130$  more systematically that you know

NOTE Confidence: 0.866025682

 $00:59:39.130 \dashrightarrow 00:59:42.196$  was occurring in the in the sort of

NOTE Confidence: 0.866025682

 $00:59:42.196 \longrightarrow 00:59:44.160$  thought transition toward the modern.

NOTE Confidence: 0.866025682

 $00:59:44.160 \longrightarrow 00:59:47.048$  Era, but I I think that that's a

NOTE Confidence: 0.866025682

00:59:47.048 --> 00:59:49.640 that's a really important point

 $00:59:49.640 \longrightarrow 00:59:51.080$  to raise for contributions.

NOTE Confidence: 0.919387975454546

00:59:52.410 --> 00:59:54.942 Thank you, could you say something

NOTE Confidence: 0.919387975454546

 $00:59:54.942 \longrightarrow 00:59:56.890$  about the historical development and

NOTE Confidence: 0.919387975454546

 $00:59:56.890 \longrightarrow 00:59:58.870$  ethical concerns that have arisen in

NOTE Confidence: 0.919387975454546

 $00:59:58.870 \longrightarrow 01:00:00.730$  the social and behavioral sciences,

NOTE Confidence: 0.919387975454546

01:00:00.730 --> 01:00:02.342 including psychology and psychiatry,

NOTE Confidence: 0.919387975454546

 $01:00:02.342 \longrightarrow 01:00:03.954$  about the historical development

NOTE Confidence: 0.919387975454546

 $01:00:03.954 \longrightarrow 01:00:05.709$  and the ethical concerns,

NOTE Confidence: 0.919387975454546

01:00:05.710 --> 01:00:06.844 psychology and psychiatry?

NOTE Confidence: 0.919387975454546

01:00:06.844 --> 01:00:09.326 Have you have you seen something specific

NOTE Confidence: 0.919387975454546

 $01:00:09.326 \longrightarrow 01:00:11.377$  about that that you could speak to?

NOTE Confidence: 0.889572152857143

 $01:00:12.010 \longrightarrow 01:00:15.640$  Yeah, I love that question because

NOTE Confidence: 0.889572152857143

01:00:15.640 --> 01:00:17.890 actually I've looked at, you know,

NOTE Confidence: 0.889572152857143

 $01:00:17.890 \longrightarrow 01:00:19.900$  thousands of trials now overtime

NOTE Confidence: 0.889572152857143

 $01:00:19.900 \longrightarrow 01:00:22.453$  and there was this period when

NOTE Confidence: 0.889572152857143

 $01:00:22.453 \longrightarrow 01:00:24.317$  antipsychotics were being developed

 $01:00:24.317 \longrightarrow 01:00:28.395$  in the 1950s and being tested in

NOTE Confidence: 0.889572152857143

 $01{:}00{:}28.395 \dashrightarrow 01{:}00{:}31.540$  early RCTs on populations who

NOTE Confidence: 0.889572152857143

01:00:31.657 --> 01:00:35.089 are considered now vulnerable,

NOTE Confidence: 0.889572152857143

 $01:00:35.090 \longrightarrow 01:00:38.690$  but they were being widely tested

NOTE Confidence: 0.889572152857143

01:00:38.690 --> 01:00:40.490 on institutionalized populations,

NOTE Confidence: 0.889572152857143

 $01:00:40.490 \longrightarrow 01:00:41.636$  oftentimes without.

NOTE Confidence: 0.889572152857143

01:00:41.636 --> 01:00:45.074 Consent and without even any real

NOTE Confidence: 0.889572152857143

 $01:00:45.074 \longrightarrow 01:00:48.637$  awareness on the parts of the researchers

NOTE Confidence: 0.889572152857143

 $01{:}00{:}48.637 \dashrightarrow 01{:}00{:}51.393$  that they were engaging in research

NOTE Confidence: 0.889572152857143

 $01{:}00{:}51.393 \dashrightarrow 01{:}00{:}54.550$  with with a set of vulnerable subjects.

NOTE Confidence: 0.889572152857143

01:00:54.550 --> 01:00:58.540 In a post Second World War period.

NOTE Confidence: 0.889572152857143

01:00:58.540 --> 01:01:01.510 Psychiatric and research and antipsychotics

NOTE Confidence: 0.889572152857143

 $01{:}01{:}01{:}01{:}01{:}05{:}405$  were one of the leading areas in

NOTE Confidence: 0.889572152857143

01:01:05.405 --> 01:01:07.568 which RCT's were being conducted,

NOTE Confidence: 0.889572152857143

 $01:01:07.568 \longrightarrow 01:01:11.595$  and so I think this is a fairly

01:01:11.595 --> 01:01:13.563 unfortunate period historically

NOTE Confidence: 0.889572152857143

 $01:01:13.563 \longrightarrow 01:01:16.595$  when it was after the development

NOTE Confidence: 0.889572152857143

01:01:16.595 --> 01:01:19.480 of the scientific methods of RCTs,

NOTE Confidence: 0.889572152857143

 $01:01:19.480 \longrightarrow 01:01:21.980$  but before the implementation

NOTE Confidence: 0.889572152857143

 $01:01:21.980 \longrightarrow 01:01:24.243$  of bioethical protections for

NOTE Confidence: 0.889572152857143

01:01:24.243 --> 01:01:25.009 patient populations,

NOTE Confidence: 0.889572152857143

 $01:01:25.009 \longrightarrow 01:01:28.730$  and there was a lot of research done in this.

NOTE Confidence: 0.889572152857143

 $01:01:28.730 \longrightarrow 01:01:30.800$  Period when we saw this emergence

NOTE Confidence: 0.889572152857143

 $01:01:30.800 \longrightarrow 01:01:33.770$  of a broad range of antipsychotics.

NOTE Confidence: 0.889572152857143

01:01:33.770 --> 01:01:37.434 And the participants were were not

NOTE Confidence: 0.889572152857143

 $01:01:37.434 \longrightarrow 01:01:40.206$  necessarily being treated as they as

NOTE Confidence: 0.889572152857143

01:01:40.206 --> 01:01:43.872 we would like to to see them being treated,

NOTE Confidence: 0.889572152857143

 $01:01:43.872 \longrightarrow 01:01:47.449$  and so that is shifted over time.

NOTE Confidence: 0.889572152857143

 $01:01:47.450 \longrightarrow 01:01:50.048$  And we've realized that it's possible

NOTE Confidence: 0.889572152857143

 $01:01:50.048 \longrightarrow 01:01:52.486$  to conduct research on patients in

NOTE Confidence: 0.889572152857143

 $01:01:52.486 \longrightarrow 01:01:55.712$  a way that is bringing them into

01:01:55.712 --> 01:01:58.240 the discussion and ensuring that

NOTE Confidence: 0.889572152857143

 $01:01:58.240 \longrightarrow 01:02:00.290$  they want to be studied.

NOTE Confidence: 0.889572152857143

 $01:02:00.290 \longrightarrow 01:02:02.214$  But there's certainly a

NOTE Confidence: 0.889572152857143

 $01:02:02.214 \longrightarrow 01:02:04.138$  problematic history in that.

NOTE Confidence: 0.889572152857143 01:02:04.140 --> 01:02:04.853 Field, NOTE Confidence: 0.889572152857143

01:02:04.853 --> 01:02:08.418 particularly in that period before

NOTE Confidence: 0.889572152857143

01:02:08.420 --> 01:02:10.472 the Declaration of Helsinki

NOTE Confidence: 0.889572152857143

 $01:02:10.472 \longrightarrow 01:02:12.524$  and the Belmont report.

NOTE Confidence: 0.889572152857143

 $01:02:12.530 \longrightarrow 01:02:15.070$  Code of federal regulations.

NOTE Confidence: 0.889572152857143

 $01:02:15.070 \longrightarrow 01:02:16.975$  You know 45.

NOTE Confidence: 0.889572152857143

01:02:16.980 --> 01:02:19.437 So yeah, that's that's the you know.

NOTE Confidence: 0.889572152857143 01:02:19.440 --> 01:02:20.054 It's it's. NOTE Confidence: 0.889572152857143

 $01{:}02{:}20.054 \dashrightarrow 01{:}02{:}21.589$  It's a very interesting history.

NOTE Confidence: 0.849082588

 $01:02:24.410 \longrightarrow 01:02:26.486$  Next question, some of estimated that

NOTE Confidence: 0.849082588

01:02:26.486 --> 01:02:28.199 humans challenge trials and didn't

01:02:28.199 --> 01:02:30.367 really refer it to refer to that during

NOTE Confidence: 0.849082588

 $01:02:30.367 \longrightarrow 01:02:32.324$  your talk human challenge trials early

NOTE Confidence: 0.849082588

 $01:02:32.324 \longrightarrow 01:02:34.382$  in the COVID pandemic could have

NOTE Confidence: 0.849082588

 $01:02:34.382 \longrightarrow 01:02:36.110$  expedited vaccine development and

NOTE Confidence: 0.849082588

01:02:36.110 --> 01:02:38.690 potentially saved millions of life years,

NOTE Confidence: 0.849082588

 $01:02:38.690 \longrightarrow 01:02:40.550$  but historically is challenge trials

NOTE Confidence: 0.849082588

 $01{:}02{:}40.550 \dashrightarrow 01{:}02{:}42.602$  have been problematic, to say the least.

NOTE Confidence: 0.849082588

 $01:02:42.602 \longrightarrow 01:02:44.000$  What are your thoughts on humans

NOTE Confidence: 0.849082588

 $01{:}02{:}44.048 \dashrightarrow 01{:}02{:}45.546$  and could you define for us that

NOTE Confidence: 0.849082588

01:02:45.546 --> 01:02:47.563 whether you I assume this refers to

NOTE Confidence: 0.849082588

 $01{:}02{:}47.563 \dashrightarrow 01{:}02{:}48.887$  the deliberate deliberate exposure

NOTE Confidence: 0.849082588

 $01:02:48.887 \longrightarrow 01:02:50.468$  of individuals to the disease?

NOTE Confidence: 0.849082588

01:02:50.468 --> 01:02:52.304 What are your thoughts on human

NOTE Confidence: 0.849082588

 $01:02:52.304 \longrightarrow 01:02:53.579$  challenge trials in Houston

NOTE Confidence: 0.91392168631579

01:02:53.590 --> 01:02:56.418 pandemic? I love that question as well

NOTE Confidence: 0.91392168631579

 $01:02:56.418 \longrightarrow 01:02:58.957$  because this has been a recurring

 $01{:}02{:}58.957 \dashrightarrow 01{:}03{:}01.453$  theme in the history of bioethics.

NOTE Confidence: 0.91392168631579

 $01:03:01.460 \longrightarrow 01:03:03.836$  I mean, we have the modern field of

NOTE Confidence: 0.91392168631579

 $01:03:03.836 \longrightarrow 01:03:05.150$  bioethics developing in the second

NOTE Confidence: 0.91392168631579

 $01:03:05.150 \longrightarrow 01:03:07.190$  half of the 21st or the 20th century.

NOTE Confidence: 0.91392168631579

 $01:03:07.190 \longrightarrow 01:03:10.660$  But prior to this point.

NOTE Confidence: 0.91392168631579

01:03:10.660 --> 01:03:13.984 It was not uncommon for researchers

NOTE Confidence: 0.91392168631579

 $01:03:13.984 \longrightarrow 01:03:16.848$  to expose themselves to diseases

NOTE Confidence: 0.91392168631579

 $01:03:16.848 \longrightarrow 01:03:20.238$  and then test agents on themselves,

NOTE Confidence: 0.91392168631579

 $01:03:20.238 \longrightarrow 01:03:23.862$  and I think there's some really

NOTE Confidence: 0.91392168631579

 $01:03:23.862 \longrightarrow 01:03:26.656$  compelling ethical literature talking

NOTE Confidence: 0.91392168631579

 $01:03:26.656 \longrightarrow 01:03:29.908$  about informed participation in

NOTE Confidence: 0.91392168631579

 $01{:}03{:}29.908 \dashrightarrow 01{:}03{:}34.088$  challenge trials being akin to.

NOTE Confidence: 0.91392168631579

 $01{:}03{:}34.090 \dashrightarrow 01{:}03{:}37.186$  Serving the public in other ways.

NOTE Confidence: 0.91392168631579

 $01:03:37.190 \longrightarrow 01:03:39.932$  For example, firefighters,

NOTE Confidence: 0.91392168631579

01:03:39.932 --> 01:03:41.760 police officers,

 $01:03:41.760 \longrightarrow 01:03:44.830$  individuals who expose themselves to

NOTE Confidence: 0.91392168631579

 $01:03:44.830 \longrightarrow 01:03:48.906$  risk and potential harm for the broader good.

NOTE Confidence: 0.91392168631579

 $01:03:48.906 \longrightarrow 01:03:51.330$  I think the the most important

NOTE Confidence: 0.91392168631579

 $01:03:51.416 \longrightarrow 01:03:53.440$  dimension of these trials,

NOTE Confidence: 0.91392168631579 01:03:53.440 --> 01:03:54.238 of course, NOTE Confidence: 0.91392168631579

01:03:54.238 --> 01:03:56.233 is that individuals going into

NOTE Confidence: 0.91392168631579

 $01:03:56.233 \longrightarrow 01:03:59.176$  them don't have an unrealistic idea

NOTE Confidence: 0.91392168631579

01:03:59.176 --> 01:04:03.250 of the benefits and the risks of

NOTE Confidence: 0.91392168631579

 $01:04:03.371 \longrightarrow 01:04:07.067$  of what they're being exposed to.

NOTE Confidence: 0.91392168631579

01:04:07.070 --> 01:04:10.256 But should they be fully fully

NOTE Confidence: 0.91392168631579

 $01:04:10.256 \longrightarrow 01:04:11.849$  aware and informed,

NOTE Confidence: 0.91392168631579

01:04:11.850 --> 01:04:14.895 I personally find compelling the

NOTE Confidence: 0.91392168631579

 $01:04:14.895 \longrightarrow 01:04:17.940$  arguments that compare these two

NOTE Confidence: 0.91392168631579

 $01{:}04{:}17.940 \dashrightarrow 01{:}04{:}20.640$  to other forms of public service.

NOTE Confidence: 0.91392168631579

01:04:20.640 --> 01:04:22.782 But I know there's there's a range

NOTE Confidence: 0.91392168631579

 $01:04:22.782 \longrightarrow 01:04:24.389$  of opinions on this well,

01:04:24.400 --> 01:04:25.600 but I appreciate that,

NOTE Confidence: 0.816426085

01:04:25.600 --> 01:04:26.800 but but the questioner,

NOTE Confidence: 0.816426085

 $01:04:26.800 \longrightarrow 01:04:28.460$  and I've interested in your

NOTE Confidence: 0.816426085

01:04:28.460 --> 01:04:30.120 thoughts or your thoughts have

NOTE Confidence: 0.816426085

01:04:30.179 --> 01:04:31.839 the fully informed individual

NOTE Confidence: 0.816426085

 $01:04:31.840 \longrightarrow 01:04:33.826$  that a properly designed study if

NOTE Confidence: 0.816426085

 $01:04:33.826 \longrightarrow 01:04:35.740$  the subjects were fully informed.

NOTE Confidence: 0.816426085

 $01:04:35.740 \longrightarrow 01:04:37.504$  You think that'll be

NOTE Confidence: 0.816426085

 $01{:}04{:}37.504 \dashrightarrow 01{:}04{:}38.810$  ethically acceptable? Informed

NOTE Confidence: 0.829598969

01:04:38.820 --> 01:04:41.476 of the risks. I I know someone who

NOTE Confidence: 0.829598969

 $01:04:41.476 \longrightarrow 01:04:43.287$  volunteered for Edge challenge trial

NOTE Confidence: 0.829598969

 $01:04:43.287 \longrightarrow 01:04:45.800$  and was very proud of doing that.

NOTE Confidence: 0.829598969

 $01{:}04{:}45.800 \dashrightarrow 01{:}04{:}49.328$  Actually who was a low risk individual

NOTE Confidence: 0.829598969

 $01:04:49.328 \longrightarrow 01:04:54.458$  who is willing to to be exposed and.

NOTE Confidence: 0.829598969

 $01:04:54.460 \longrightarrow 01:05:00.168$  I I I I admired that individual.

 $01:05:00.170 \longrightarrow 01:05:03.188$  But I don't think that we

NOTE Confidence: 0.829598969

01:05:03.188 --> 01:05:05.200 should ever compel anybody.

NOTE Confidence: 0.829598969

 $01:05:05.200 \longrightarrow 01:05:07.440$  Have to be extremely voluntary.

NOTE Confidence: 0.829598969

 $01:05:07.440 \longrightarrow 01:05:09.140$  Family volunteer.

NOTE Confidence: 0.829598969

 $01:05:09.140 \longrightarrow 01:05:11.720$  You know if we offer incentives.

NOTE Confidence: 0.829598969

 $01:05:11.720 \longrightarrow 01:05:13.688$  I think I would be problematic

NOTE Confidence: 0.829598969

 $01:05:13.688 \longrightarrow 01:05:15.000$  at the same time.

NOTE Confidence: 0.829598969

 $01:05:15.000 \longrightarrow 01:05:16.408$  There's the argument that

NOTE Confidence: 0.829598969

01:05:16.408 --> 01:05:18.520 individuals who do that deserve to

NOTE Confidence: 0.829598969

 $01:05:18.583 \longrightarrow 01:05:20.578$  receive some sort of compensation,

NOTE Confidence: 0.829598969

 $01{:}05{:}20.580 \to 01{:}05{:}22.380$  but I think I think when you get

NOTE Confidence: 0.829598969

 $01:05:22.380 \longrightarrow 01:05:24.386$  into the realm of of compelling

NOTE Confidence: 0.829598969

 $01:05:24.386 \longrightarrow 01:05:25.882$  individuals to expose themselves

NOTE Confidence: 0.829598969

01:05:25.882 --> 01:05:27.693 to potential harm using financial

NOTE Confidence: 0.829598969

01:05:27.693 --> 01:05:29.709 means that that gets really funny.

NOTE Confidence: 0.6352154225

 $01{:}05{:}30.240 --> 01{:}05{:}30.624 \ \mathrm{Well, \ right,}$ 

 $01:05:30.624 \longrightarrow 01:05:31.776$  they're they're in there in lies.

NOTE Confidence: 0.6352154225

 $01:05:31.780 \longrightarrow 01:05:33.230$  The problem with a certain

NOTE Confidence: 0.6352154225

 $01:05:33.230 \longrightarrow 01:05:34.390$  amount of coercion revenues.

NOTE Confidence: 0.6352154225

 $01:05:34.390 \longrightarrow 01:05:36.098$  If we see that that that

NOTE Confidence: 0.6352154225

 $01:05:36.098 \longrightarrow 01:05:37.240$  individual deserve some compensation

NOTE Confidence: 0.6352154225

 $01:05:37.240 \longrightarrow 01:05:38.676$  for making that sacrifice.

NOTE Confidence: 0.6352154225

01:05:38.680 --> 01:05:40.790 Just like firemen get paid,

NOTE Confidence: 0.6352154225

 $01:05:40.790 \longrightarrow 01:05:41.890$  so we say that someone.

NOTE Confidence: 0.6352154225

 $01:05:41.890 \longrightarrow 01:05:44.050$  Does this deserve some compensation?

NOTE Confidence: 0.6352154225

 $01{:}05{:}44.050 \dashrightarrow 01{:}05{:}46.490$  So this of course means that that if

NOTE Confidence: 0.6352154225

 $01:05:46.490 \longrightarrow 01:05:48.882$  the compensation if it's a if it's a

NOTE Confidence: 0.6352154225

 $01:05:48.882 \longrightarrow 01:05:50.730$  financial compensation that to a poor man,

NOTE Confidence: 0.6352154225

 $01{:}05{:}50.730 \dashrightarrow 01{:}05{:}52.896$  that's a that's a very different

NOTE Confidence: 0.6352154225

 $01:05:52.900 \longrightarrow 01:05:55.156$  level of coercion than to a rich man.

NOTE Confidence: 0.6352154225

 $01:05:55.160 \longrightarrow 01:05:58.226$  And and so this is potentially problematic.

01:05:58.230 --> 01:05:59.502 But I, but I hear you, Laura,

NOTE Confidence: 0.6352154225

01:05:59.502 --> 01:06:01.198 and I actually had a member of my

NOTE Confidence: 0.6352154225

01:06:01.198 --> 01:06:02.590 family who was young and strong,

NOTE Confidence: 0.6352154225

01:06:02.590 --> 01:06:03.448 and who said, well, you know,

NOTE Confidence: 0.6352154225

 $01:06:03.450 \longrightarrow 01:06:04.530$  let's try it on me.

NOTE Confidence: 0.6352154225

01:06:04.530 --> 01:06:05.610 Let's try it on me and my friends,

NOTE Confidence: 0.6352154225

 $01:06:05.610 \longrightarrow 01:06:07.230$  you know, let's let's do that at this thing.

NOTE Confidence: 0.6352154225

 $01:06:07.230 \longrightarrow 01:06:09.738$  Gonna kill my grandma.

NOTE Confidence: 0.6352154225

 $01:06:09.740 \dashrightarrow 01:06:11.765$  So so that I I get the sense what

NOTE Confidence: 0.6352154225

 $01:06:11.765 \longrightarrow 01:06:14.086$  your sense is that under the right

NOTE Confidence: 0.6352154225

 $01{:}06{:}14.086 \dashrightarrow 01{:}06{:}16.160$  circumstances this could be acceptable.

NOTE Confidence: 0.6352154225

 $01:06:16.160 \longrightarrow 01:06:18.596$  A follow up question to that question

NOTE Confidence: 0.6352154225

 $01:06:18.600 \longrightarrow 01:06:20.448$  was more generally there are other

NOTE Confidence: 0.6352154225

 $01:06:20.448 \longrightarrow 01:06:22.079$  other other changes we should

NOTE Confidence: 0.6352154225

 $01:06:22.079 \longrightarrow 01:06:24.119$  consider to speed the development of

NOTE Confidence: 0.6352154225

 $01:06:24.119 \longrightarrow 01:06:25.960$  new medications and interventions,

01:06:25.960 --> 01:06:26.980 particularly lifesaving intervention.

NOTE Confidence: 0.6352154225

 $01:06:26.980 \longrightarrow 01:06:29.360$  So other things we should be considering.

NOTE Confidence: 0.880977748571429

 $01:06:31.710 \longrightarrow 01:06:34.496$  Yeah, I think this is a great.

NOTE Confidence: 0.880977748571429

01:06:34.500 --> 01:06:37.436 Question and it's an objective of of science

NOTE Confidence: 0.880977748571429

 $01:06:37.436 \longrightarrow 01:06:40.180$  to speed the development of research.

NOTE Confidence: 0.880977748571429

01:06:40.180 --> 01:06:42.898 I think the history of randomized

NOTE Confidence: 0.880977748571429

01:06:42.898 --> 01:06:44.710 controlled trials has revealed

NOTE Confidence: 0.880977748571429

01:06:44.710 --> 01:06:47.590 numerous scenarios in which we've

NOTE Confidence: 0.880977748571429

 $01{:}06{:}47.590 \dashrightarrow 01{:}06{:}51.608$  been too eager to develop new products

NOTE Confidence: 0.880977748571429

01:06:51.608 --> 01:06:53.834 and not sufficiently tested them,

NOTE Confidence: 0.880977748571429

 $01{:}06{:}53.834 \dashrightarrow 01{:}06{:}56.741$  and then ultimately needed to remove them

NOTE Confidence: 0.880977748571429

 $01:06:56.741 \longrightarrow 01:07:00.124$  from the market as a result of post approval,

NOTE Confidence: 0.880977748571429

 $01{:}07{:}00.124 \dashrightarrow 01{:}07{:}02.688$  adverse events becoming known.

NOTE Confidence: 0.880977748571429

 $01{:}07{:}02.688 \dashrightarrow 01{:}07{:}05.436$  So it's a really delicate balance.

NOTE Confidence: 0.880977748571429

 $01:07:05.440 \longrightarrow 01:07:08.428$  I've written about.

 $01:07:08.430 \longrightarrow 01:07:10.242$  You know different means

NOTE Confidence: 0.880977748571429

 $01:07:10.242 \longrightarrow 01:07:12.054$  of of speeding trials,

NOTE Confidence: 0.880977748571429

 $01:07:12.060 \longrightarrow 01:07:16.196$  and I think that history has shown us

NOTE Confidence: 0.880977748571429

 $01:07:16.196 \longrightarrow 01:07:21.256$  that we really have to ensure trial rigor.

NOTE Confidence: 0.880977748571429

01:07:21.260 --> 01:07:25.740 In order to advance our scientific progress,

NOTE Confidence: 0.880977748571429

 $01{:}07{:}25.740 \dashrightarrow 01{:}07{:}27.795$  otherwise sometimes we move so

NOTE Confidence: 0.880977748571429

01:07:27.795 --> 01:07:31.025 quickly that we then have to go back

NOTE Confidence: 0.880977748571429

 $01:07:31.025 \longrightarrow 01:07:34.750$  and and correct our mistakes, but.

NOTE Confidence: 0.880977748571429

 $01:07:34.750 \longrightarrow 01:07:37.324$  There are a lot of arguments

NOTE Confidence: 0.880977748571429

 $01:07:37.324 \longrightarrow 01:07:39.826$  being made about the regulatory

NOTE Confidence: 0.880977748571429

 $01{:}07{:}39.826 \dashrightarrow 01{:}07{:}42.594$  infrastructure slowing down the

NOTE Confidence: 0.880977748571429

 $01:07:42.594 \longrightarrow 01:07:46.054$  process of developing new therapies.

NOTE Confidence: 0.880977748571429

 $01:07:46.060 \longrightarrow 01:07:50.920$  Which. You know is is a concern.

NOTE Confidence: 0.880977748571429

 $01:07:50.920 \longrightarrow 01:07:51.976$  At the same time,

NOTE Confidence: 0.880977748571429

 $01:07:51.976 \longrightarrow 01:07:53.560$  if we compare our own Food

NOTE Confidence: 0.880977748571429

01:07:53.627 --> 01:07:55.070 and Drug Administration,

 $01:07:55.070 \longrightarrow 01:07:57.755$  for example to other regulatory

NOTE Confidence: 0.880977748571429

 $01:07:57.755 \longrightarrow 01:07:58.829$  agencies internationally,

NOTE Confidence: 0.880977748571429

 $01:07:58.830 \longrightarrow 01:08:01.854$  we actually have one of the

NOTE Confidence: 0.880977748571429

 $01:08:01.854 \longrightarrow 01:08:03.870$  fastest org approval processes.

NOTE Confidence: 0.880977748571429

 $01:08:03.870 \longrightarrow 01:08:07.242$  So it's it's a real delicate

NOTE Confidence: 0.880977748571429

 $01:08:07.242 \longrightarrow 01:08:09.886$  balance in terms of speeding

NOTE Confidence: 0.880977748571429

01:08:09.886 --> 01:08:11.866 delivery of of new therapies,

NOTE Confidence: 0.880977748571429

 $01:08:11.870 \longrightarrow 01:08:13.922$  and then also ensuring that those

NOTE Confidence: 0.880977748571429

 $01:08:13.922 \longrightarrow 01:08:15.970$  therapies are safe and effective.

NOTE Confidence: 0.910871684285714

 $01:08:18.590 \longrightarrow 01:08:21.260$  Can you comment on the political

NOTE Confidence: 0.910871684285714

 $01:08:21.260 \longrightarrow 01:08:23.414$  transition from concerns about bias

NOTE Confidence: 0.910871684285714

 $01:08:23.414 \longrightarrow 01:08:25.118$  toward studying vulnerable minorities

NOTE Confidence: 0.910871684285714

 $01{:}08{:}25.118 \dashrightarrow 01{:}08{:}28.040$  to more recent concerns about bias

NOTE Confidence: 0.910871684285714

 $01:08:28.040 \longrightarrow 01:08:30.048$  toward excluding vulnerable minorities?

NOTE Confidence: 0.910871684285714

01:08:30.050 --> 01:08:31.950 Both are problematic, of course,

 $01:08:31.950 \longrightarrow 01:08:34.064$  but is there a tension in this

NOTE Confidence: 0.910871684285714

01:08:34.064 --> 01:08:35.540 pendulum that's often overlooked?

NOTE Confidence: 0.76957548

 $01:08:37.840 \longrightarrow 01:08:42.500$  That's a really great question, so.

NOTE Confidence: 0.76957548

 $01:08:42.500 \longrightarrow 01:08:45.508$  I think that there is there is a

NOTE Confidence: 0.76957548

01:08:45.508 --> 01:08:48.582 tension in the pendulum and it often

NOTE Confidence: 0.76957548

 $01:08:48.582 \longrightarrow 01:08:52.412$  comes out in the question of how do

NOTE Confidence: 0.76957548

 $01:08:52.412 \longrightarrow 01:08:57.291$  we even measure diversity so you know

NOTE Confidence: 0.76957548

 $01:08:57.291 \longrightarrow 01:09:01.713$  we saw this valuable transition from.

NOTE Confidence: 0.76957548

 $01:09:01.720 \longrightarrow 01:09:07.520$  Major problems in our research on

NOTE Confidence: 0.76957548

 $01:09:07.520 \longrightarrow 01:09:09.400$  drugs and different interventions

NOTE Confidence: 0.76957548

 $01{:}09{:}09.400 \dashrightarrow 01{:}09{:}11.750$  and even health outcomes outside

NOTE Confidence: 0.76957548

 $01:09:11.750 \longrightarrow 01:09:14.403$  of clinical trials where we just

NOTE Confidence: 0.76957548

 $01:09:14.403 \longrightarrow 01:09:17.031$  didn't have information on broad and

NOTE Confidence: 0.76957548

 $01{:}09{:}17.031 \dashrightarrow 01{:}09{:}19.689$  diverse populations and we were making

NOTE Confidence: 0.76957548

 $01:09:19.689 \longrightarrow 01:09:21.726$  claims about therapies and women

NOTE Confidence: 0.76957548

01:09:21.726 --> 01:09:24.197 that had only been studied in men,

 $01:09:24.200 \longrightarrow 01:09:26.255$  sometimes, even when those therapies

NOTE Confidence: 0.76957548

 $01:09:26.255 \longrightarrow 01:09:28.409$  were designed to treat women.

NOTE Confidence: 0.76957548

 $01:09:28.409 \longrightarrow 01:09:31.510$  So we we have seen this shift.

NOTE Confidence: 0.76957548

 $01:09:31.510 \longrightarrow 01:09:34.150$  To learn more.

NOTE Confidence: 0.76957548

01:09:34.150 --> 01:09:36.910 You know, consider it treatment

NOTE Confidence: 0.76957548

 $01:09:36.910 \longrightarrow 01:09:39.118$  of of broad populations.

NOTE Confidence: 0.76957548

 $01:09:39.120 \longrightarrow 01:09:41.934$  But then we've seen major discussion

NOTE Confidence: 0.76957548

 $01:09:41.934 \longrightarrow 01:09:46.096$  of how can we even measure something

NOTE Confidence: 0.76957548

 $01:09:46.096 \dashrightarrow 01:09:50.646$  like rates where it's many argue

NOTE Confidence: 0.76957548

 $01:09:50.646 \longrightarrow 01:09:52.478$  in part a socially.

NOTE Confidence: 0.9129799625

 $01:09:54.840 \longrightarrow 01:09:57.788$  Articulated concept that reflects.

NOTE Confidence: 0.856467652307692

 $01:09:59.830 \longrightarrow 01:10:02.651$  A wide range of of social factors

NOTE Confidence: 0.856467652307692

 $01{:}10{:}02.651 \dashrightarrow 01{:}10{:}06.037$  and race is also connected to social

NOTE Confidence: 0.856467652307692

 $01{:}10{:}06.037 \dashrightarrow 01{:}10{:}09.157$  determinants of health and a very

NOTE Confidence: 0.856467652307692

 $01:10:09.251 \longrightarrow 01:10:12.839$  complex way and ethnicity can sometimes.

 $01:10:12.840 \longrightarrow 01:10:15.230$  Correspond to other social determinants

NOTE Confidence: 0.856467652307692

 $01:10:15.230 \longrightarrow 01:10:18.953$  of health and then changes in the social

NOTE Confidence: 0.856467652307692

 $01:10:18.953 \longrightarrow 01:10:21.750$  determinants of health mean that those

NOTE Confidence: 0.856467652307692

01:10:21.750 --> 01:10:25.300 ethnic variations could potentially change.

NOTE Confidence: 0.856467652307692

 $01:10:25.300 \longrightarrow 01:10:27.196$  We've also seen some really great

NOTE Confidence: 0.856467652307692

01:10:27.196 --> 01:10:28.460 research by David Williams.

NOTE Confidence: 0.856467652307692

 $01:10:28.460 \longrightarrow 01:10:30.410$  For example, looking at the impact

NOTE Confidence: 0.856467652307692

 $01:10:30.410 \longrightarrow 01:10:32.332$  of racism on health outcomes.

NOTE Confidence: 0.856467652307692

 $01:10:32.332 \longrightarrow 01:10:36.255$  But we're in a stage now and looking at

NOTE Confidence: 0.856467652307692

 $01:10:36.255 \longrightarrow 01:10:38.675$  diversity of clinical trial participants

NOTE Confidence: 0.856467652307692

01:10:38.675 --> 01:10:41.412 that I think is quite inadequate.

NOTE Confidence: 0.856467652307692 01:10:41.412 --> 01:10:42.596 We have.

NOTE Confidence: 0.856467652307692

 $01:10:42.596 \longrightarrow 01:10:46.148$  Decades now of regulators developing policies

NOTE Confidence: 0.856467652307692

01:10:46.148 --> 01:10:49.827 to try to promote inclusion in trials,

NOTE Confidence: 0.856467652307692

 $01:10:49.830 \longrightarrow 01:10:53.106$  but then we don't have any significant

NOTE Confidence: 0.856467652307692

 $01:10:53.110 \longrightarrow 01:10:55.715$  forms of accountability to statistical

01:10:55.715 --> 01:10:59.893 significance of what we find or a very clear

NOTE Confidence: 0.856467652307692

 $01:10:59.893 \longrightarrow 01:11:03.070$  sense of how we define different categories,

NOTE Confidence: 0.856467652307692

01:11:03.070 --> 01:11:05.305 particularly for race,

NOTE Confidence: 0.856467652307692

 $01:11:05.305 \longrightarrow 01:11:07.540$  race and ethnicity.

NOTE Confidence: 0.856467652307692

 $01:11:07.540 \longrightarrow 01:11:09.860$  And and even within that,

NOTE Confidence: 0.856467652307692

 $01:11:09.860 \longrightarrow 01:11:12.532$  particularly for multiracial individuals

NOTE Confidence: 0.856467652307692

 $01:11:12.532 \longrightarrow 01:11:15.872$  and people from different backgrounds.

NOTE Confidence: 0.856467652307692

01:11:15.880 --> 01:11:16.668 So typically,

NOTE Confidence: 0.856467652307692

 $01:11:16.668 \longrightarrow 01:11:19.820$  when you look at the trials that are

NOTE Confidence: 0.856467652307692

01:11:19.903 --> 01:11:22.899 approved by the FDA for new therapies,

NOTE Confidence: 0.856467652307692

 $01:11:22.900 \longrightarrow 01:11:26.090$  they they'll measure race and

NOTE Confidence: 0.856467652307692

 $01:11:26.090 \longrightarrow 01:11:28.642$  ethnicity and other variables

NOTE Confidence: 0.856467652307692

01:11:28.642 --> 01:11:32.840 but beyond male and female sex,

NOTE Confidence: 0.856467652307692

 $01{:}11{:}32.840 \dashrightarrow 01{:}11{:}35.768$  typically you see frequent claims that

NOTE Confidence: 0.856467652307692

 $01:11:35.768 \longrightarrow 01:11:38.810$  there is not statistical significance.

01:11:38.810 --> 01:11:41.340 To support.

NOTE Confidence: 0.856467652307692

01:11:41.340 --> 01:11:46.968 Any significant outcomes in terms of.

NOTE Confidence: 0.856467652307692

01:11:46.968 --> 01:11:49.668 Saying there's from one group to the next,

NOTE Confidence: 0.856467652307692

 $01:11:49.670 \longrightarrow 01:11:51.558$  even though oftentimes they

NOTE Confidence: 0.856467652307692

 $01:11:51.558 \longrightarrow 01:11:53.446$  measure differences that should

NOTE Confidence: 0.856467652307692

01:11:53.446 --> 01:11:55.096 they have broader populations,

NOTE Confidence: 0.856467652307692

01:11:55.096 --> 01:11:57.214 they might be able to find

NOTE Confidence: 0.856467652307692

01:11:57.214 --> 01:11:58.570 something statistically significant,

NOTE Confidence: 0.856467652307692

 $01{:}11{:}58.570 --> 01{:}12{:}01.538$  so I think that there's a place

NOTE Confidence: 0.856467652307692

01:12:01.538 --> 01:12:04.084 right now for post approval.

NOTE Confidence: 0.856467652307692

01:12:04.084 --> 01:12:05.995 Pharmaco epidemiological research

NOTE Confidence: 0.856467652307692

01:12:05.995 --> 01:12:10.769 that is looking at trends out of broad

NOTE Confidence: 0.856467652307692

01:12:10.769 --> 01:12:15.158 population level of interventions by race,

NOTE Confidence: 0.856467652307692

 $01:12:15.158 \longrightarrow 01:12:17.699$  ethnicity and different.

NOTE Confidence: 0.856467652307692

01:12:17.700 --> 01:12:20.180 Demographic backgrounds that can hopefully

NOTE Confidence: 0.856467652307692

 $01{:}12{:}20.180 \dashrightarrow 01{:}12{:}23.320$  help to better inform the science.

01:12:25.380 --> 01:12:27.040 But that's just one dimension,

NOTE Confidence: 0.804638844

 $01:12:27.040 \longrightarrow 01:12:29.714$  and I think that the question is

NOTE Confidence: 0.804638844

01:12:29.714 --> 01:12:32.240 also getting at what is fair,

NOTE Confidence: 0.804638844

 $01:12:32.240 \longrightarrow 01:12:34.540$  right from an ethical standpoint.

NOTE Confidence: 0.804638844

 $01:12:34.540 \longrightarrow 01:12:38.946$  So the question of exclusion to the

NOTE Confidence: 0.804638844

 $01:12:38.946 \longrightarrow 01:12:41.187$  question of inclusion then also

NOTE Confidence: 0.804638844

01:12:41.187 --> 01:12:44.365 makes us think about how can we

NOTE Confidence: 0.804638844

01:12:44.365 --> 01:12:47.140 make that inclusion process fair,

NOTE Confidence: 0.804638844

 $01{:}12{:}47.140 \dashrightarrow 01{:}12{:}51.256$  and you know appropriate in how we're

NOTE Confidence: 0.804638844

01:12:51.256 --> 01:12:54.708 we're drawing populations into our studies,

NOTE Confidence: 0.804638844

 $01:12:54.710 \longrightarrow 01:12:56.500$  particularly when we see trials.

NOTE Confidence: 0.804638844

01:12:56.500 --> 01:12:59.920 Being conducted in multinational settings,

NOTE Confidence: 0.804638844

 $01:12:59.920 \longrightarrow 01:13:03.798$  you know how can the the diversity

NOTE Confidence: 0.804638844

 $01:13:03.798 \longrightarrow 01:13:06.196$  categories really truly represent the

NOTE Confidence: 0.804638844

01:13:06.196 --> 01:13:08.404 broad populations of the world who

01:13:08.404 --> 01:13:11.180 will be consuming a product and then?

NOTE Confidence: 0.804638844

01:13:11.180 --> 01:13:13.672 Also how can we ensure that the

NOTE Confidence: 0.804638844

 $01:13:13.672 \longrightarrow 01:13:15.820$  individuals that we are using in

NOTE Confidence: 0.804638844

 $01:13:15.820 \longrightarrow 01:13:18.165$  our studies as proxies for race and

NOTE Confidence: 0.804638844

 $01:13:18.241 \longrightarrow 01:13:20.465$  ethnicity were drawn into the studies

NOTE Confidence: 0.804638844

01:13:20.465 --> 01:13:24.804 in a way that is fair and you know,

NOTE Confidence: 0.804638844

 $01:13:24.804 \longrightarrow 01:13:27.548$  not tokenistic and also.

NOTE Confidence: 0.804638844

01:13:27.550 --> 01:13:31.522 Not repeating scenarios of the past

NOTE Confidence: 0.804638844

 $01:13:31.522 \longrightarrow 01:13:34.838$  where people of diverse backgrounds

NOTE Confidence: 0.804638844

01:13:34.838 --> 01:13:38.718 have been relied upon to produce

NOTE Confidence: 0.804638844

 $01{:}13{:}38.718 \dashrightarrow 01{:}13{:}42.126$  study results that are not then

NOTE Confidence: 0.804638844

 $01:13:42.126 \longrightarrow 01:13:44.432$  informing medical treatment in

NOTE Confidence: 0.804638844

01:13:44.432 --> 01:13:46.468 their local communities so.

NOTE Confidence: 0.804638844

01:13:46.470 --> 01:13:48.648 I, I think a lot of the issues that

NOTE Confidence: 0.804638844

 $01:13:48.648 \longrightarrow 01:13:51.161$  we face historically were still we're

NOTE Confidence: 0.804638844

 $01:13:51.161 \longrightarrow 01:13:53.361$  still grappling with today because

 $01:13:53.432 \longrightarrow 01:13:56.342$  we haven't seen the next phase of

NOTE Confidence: 0.804638844

 $01:13:56.342 \longrightarrow 01:13:58.782$  ethical development from a regulatory

NOTE Confidence: 0.804638844

 $01:13:58.782 \longrightarrow 01:14:01.340$  perspective with regard to clinical trials.

NOTE Confidence: 0.758059687

01:14:02.660 --> 01:14:04.400 Thank you given the experience

NOTE Confidence: 0.758059687

01:14:04.400 --> 01:14:06.140 of black people in Tuskegee,

NOTE Confidence: 0.758059687

 $01:14:06.140 \longrightarrow 01:14:07.925$  how would you enhance the

NOTE Confidence: 0.758059687

01:14:07.925 --> 01:14:09.710 participation of black people in

NOTE Confidence: 0.758059687

01:14:09.774 --> 01:14:11.930 randomized controlled trials today?

NOTE Confidence: 0.754882745

 $01:14:14.470 \longrightarrow 01:14:19.400$  So I think the. The issue you know with

NOTE Confidence: 0.754882745

 $01:14:19.400 \longrightarrow 01:14:22.729$  Tuskegee was of course most importantly

NOTE Confidence: 0.754882745

01:14:22.729 --> 01:14:26.409 with deception and not offering the

NOTE Confidence: 0.754882745

 $01:14:26.409 \longrightarrow 01:14:29.860$  existing standard of care to the community.

NOTE Confidence: 0.754882745

 $01{:}14{:}29.860 \dashrightarrow 01{:}14{:}32.524$  But I think what we see over and over

NOTE Confidence: 0.754882745

 $01:14:32.524 \longrightarrow 01:14:36.684$  again is that this trend recurs, and I,

NOTE Confidence: 0.754882745

 $01:14:36.684 \longrightarrow 01:14:38.980$  I think that there there was a really

01:14:39.051 --> 01:14:41.403 powerful debate in the New England

NOTE Confidence: 0.754882745

01:14:41.403 --> 01:14:44.852 Journal of Medicine in the early 90s,

NOTE Confidence: 0.754882745

 $01:14:44.852 \longrightarrow 01:14:46.983$  in which really respected ethicists

NOTE Confidence: 0.754882745

 $01:14:46.983 \longrightarrow 01:14:48.969$  on both sides of the debate.

NOTE Confidence: 0.754882745

 $01:14:48.970 \longrightarrow 01:14:52.228$  We're making arguments for and against

NOTE Confidence: 0.754882745

 $01:14:52.228 \longrightarrow 01:14:55.910$  having a placebo in the AZT trials.

NOTE Confidence: 0.754882745

01:14:55.910 --> 01:14:58.220 I think bio ethical thinking

NOTE Confidence: 0.754882745

01:14:58.220 --> 01:15:01.050 has tended to shift since then,

NOTE Confidence: 0.754882745

 $01:15:01.050 \longrightarrow 01:15:02.676$  so that there is a general.

NOTE Confidence: 0.91196617

 $01:15:05.480 \longrightarrow 01:15:08.812$  Discussion in a lot of the international

NOTE Confidence: 0.91196617

 $01:15:08.812 \longrightarrow 01:15:11.503$  policies that are being made that

NOTE Confidence: 0.91196617

 $01:15:11.503 \longrightarrow 01:15:14.764$  state that we need to offer post trial

NOTE Confidence: 0.91196617

 $01:15:14.764 \longrightarrow 01:15:17.476$  access to care for all populations

NOTE Confidence: 0.91196617

 $01{:}15{:}17.476 \dashrightarrow 01{:}15{:}20.520$  who are participating in trials.

NOTE Confidence: 0.91196617

 $01:15:20.520 \longrightarrow 01:15:23.676$  But the problem is that we see

NOTE Confidence: 0.91196617

 $01:15:23.676 \longrightarrow 01:15:26.104$  the United Nations, the WHL,

 $01:15:26.104 \longrightarrow 01:15:28.032$  different that icah different

NOTE Confidence: 0.91196617

 $01:15:28.032 \longrightarrow 01:15:29.960$  organizations coming up with

NOTE Confidence: 0.91196617

 $01:15:30.039 \longrightarrow 01:15:31.760$  statements that this should be done.

NOTE Confidence: 0.91196617

 $01:15:31.760 \longrightarrow 01:15:33.625$  But then we don't see

NOTE Confidence: 0.91196617

01:15:33.625 --> 01:15:34.744 any regulatory policies.

NOTE Confidence: 0.91196617

 $01:15:34.750 \longrightarrow 01:15:36.998$  Requiring that that we

NOTE Confidence: 0.91196617

01:15:36.998 --> 01:15:39.246 ensure post trial access,

NOTE Confidence: 0.91196617

 $01:15:39.250 \longrightarrow 01:15:42.449$  I think we've done a better job

NOTE Confidence: 0.91196617

 $01{:}15{:}42.449 \dashrightarrow 01{:}15{:}44.689$  of avoiding deception in trials

NOTE Confidence: 0.91196617

 $01:15:44.690 \longrightarrow 01:15:46.402$  and having informed consent,

NOTE Confidence: 0.91196617

 $01:15:46.402 \longrightarrow 01:15:47.686$  but even there,

NOTE Confidence: 0.91196617

 $01:15:47.690 \longrightarrow 01:15:50.108$  you know there's some great thinking

NOTE Confidence: 0.91196617

 $01{:}15{:}50.108 \dashrightarrow 01{:}15{:}53.087$  coming out of Yale in terms of asking.

NOTE Confidence: 0.91196617

 $01:15:53.087 \longrightarrow 01:15:55.522$  Is informed consent always truly

NOTE Confidence: 0.91196617

 $01:15:55.522 \longrightarrow 01:15:58.605$  informed and how are we ensuring

01:15:58.605 --> 01:16:00.713 that participants aren't simply

NOTE Confidence: 0.91196617

 $01{:}16{:}00.713 \dashrightarrow 01{:}16{:}03.620$  signing a very lengthy document,

NOTE Confidence: 0.91196617

 $01:16:03.620 \longrightarrow 01:16:06.340$  but they're being made fully

NOTE Confidence: 0.91196617

01:16:06.340 --> 01:16:09.060 aware of the scientific process?

NOTE Confidence: 0.91196617

 $01:16:09.060 \longrightarrow 01:16:12.658$  The way that we are developing knowledge

NOTE Confidence: 0.91196617

01:16:12.658 --> 01:16:15.836 and the true risks and benefits of

NOTE Confidence: 0.91196617

 $01:16:15.836 \longrightarrow 01:16:18.716$  of what they're being exposed to.

NOTE Confidence: 0.91196617

01:16:18.720 --> 01:16:20.898 In this study, so you know,

NOTE Confidence: 0.91196617

 $01:16:20.900 \longrightarrow 01:16:24.530$  I, I think in terms of.

NOTE Confidence: 0.91196617

01:16:24.530 --> 01:16:28.370 Populations who have been subjected

NOTE Confidence: 0.91196617

 $01{:}16{:}28.370 \dashrightarrow 01{:}16{:}32.210$  to racism by medical practitioners.

NOTE Confidence: 0.91196617

 $01:16:32.210 \longrightarrow 01:16:35.516$  There's definitely a lot of room

NOTE Confidence: 0.91196617

 $01:16:35.516 \longrightarrow 01:16:38.090$  for improvement with regard to.

NOTE Confidence: 0.91196617

01:16:38.090 --> 01:16:42.573 Building up trust and having full

NOTE Confidence: 0.91196617

 $01:16:42.573 \longrightarrow 01:16:46.188$  accountability for for researchers for

NOTE Confidence: 0.91196617

01:16:46.190 --> 01:16:48.350 distributing the benefits of their research,

 $01:16:48.350 \longrightarrow 01:16:52.550$  but then also for ensuring that

NOTE Confidence: 0.91196617

 $01{:}16{:}52{.}550 \dashrightarrow 01{:}16{:}57{.}705$  participants in trials are having you know,

NOTE Confidence: 0.91196617

01:16:57.705 --> 01:17:01.104 a sufficient discussion of risks

NOTE Confidence: 0.91196617

 $01:17:01.104 \longrightarrow 01:17:02.628$  and benefits that that will allow

NOTE Confidence: 0.91196617

 $01:17:02.628 \longrightarrow 01:17:04.719$  them to be truly informed decisions.

NOTE Confidence: 0.91196617

 $01:17:04.720 \longrightarrow 01:17:08.346$  And this this applies of course across.

NOTE Confidence: 0.91196617

01:17:08.350 --> 01:17:11.829 Populations, but as a result of teskey,

NOTE Confidence: 0.91196617

 $01{:}17{:}11.830 \dashrightarrow 01{:}17{:}16.510$  there's been a significant distrust.

NOTE Confidence: 0.91196617

 $01:17:16.510 \longrightarrow 01:17:19.660$  In the medical community that is has

NOTE Confidence: 0.91196617

01:17:19.660 --> 01:17:23.030 emerged within African American communities,

NOTE Confidence: 0.91196617

 $01:17:23.030 \longrightarrow 01:17:25.122$  which is quite understandable

NOTE Confidence: 0.91196617

01:17:25.122 --> 01:17:26.902 and his you know,

NOTE Confidence: 0.91196617

 $01:17:26.902 \longrightarrow 01:17:29.464$  also been the subject of some really

NOTE Confidence: 0.91196617

 $01:17:29.464 \longrightarrow 01:17:32.104$  useful ethical discussion in terms of how

NOTE Confidence: 0.91196617

01:17:32.104 --> 01:17:37.130 to rebuild that trust and have you know,

 $01:17:37.130 \longrightarrow 01:17:39.370$  fair and appropriate dynamics.

NOTE Confidence: 0.91196617

 $01{:}17{:}39.370 \dashrightarrow 01{:}17{:}42.314$  We at the School of Public Health have

NOTE Confidence: 0.91196617

 $01{:}17{:}42.314 \dashrightarrow 01{:}17{:}44.794$  Doctor Angela Parrott who teaches on

NOTE Confidence: 0.91196617

 $01:17:44.794 \longrightarrow 01:17:46.738$  the subject of racism and health.

NOTE Confidence: 0.91196617

 $01:17:46.740 \longrightarrow 01:17:50.625$  Has done some really useful work on

NOTE Confidence: 0.91196617

 $01:17:50.625 \longrightarrow 01:17:53.679$  community engagement and talking about,

NOTE Confidence: 0.91196617

01:17:53.680 --> 01:17:54.716 you know,

NOTE Confidence: 0.91196617

01:17:54.716 --> 01:17:56.788 participate in community engagement

NOTE Confidence: 0.91196617

 $01{:}17{:}56.788 \dashrightarrow 01{:}17{:}58.860$  and participatory research where

NOTE Confidence: 0.91196617

01:17:58.928 --> 01:18:00.788 community members are paid for

NOTE Confidence: 0.91196617

 $01{:}18{:}00.788 \dashrightarrow 01{:}18{:}03.180$  their time to consult and inform.

NOTE Confidence: 0.91196617

01:18:03.180 --> 01:18:05.496 Research that is done on them,

NOTE Confidence: 0.91196617

 $01:18:05.500 \longrightarrow 01:18:07.468$  and I think that's really the

NOTE Confidence: 0.91196617

 $01:18:07.468 \longrightarrow 01:18:09.599$  direction that we need to be taking

NOTE Confidence: 0.91196617

 $01:18:09.600 \longrightarrow 01:18:11.790$  our clinical research overtime and

NOTE Confidence: 0.91196617

 $01:18:11.790 \longrightarrow 01:18:14.902$  to make sure that you know we're

 $01{:}18{:}14.902 \dashrightarrow 01{:}18{:}17.552$  we're whoever we're studying that.

NOTE Confidence: 0.91196617

 $01{:}18{:}17.552 \dashrightarrow 01{:}18{:}19.784$  Representatives of that community

NOTE Confidence: 0.91196617

01:18:19.784 --> 01:18:22.305 are brought into the process

NOTE Confidence: 0.91196617

 $01:18:22.305 \longrightarrow 01:18:24.520$  of of conducting the research.

NOTE Confidence: 0.919589265

 $01:18:25.780 \longrightarrow 01:18:27.800$  Thank you.

NOTE Confidence: 0.919589265

 $01:18:27.800 \longrightarrow 01:18:30.760$  A comedy which I wish I will share.

NOTE Confidence: 0.919589265

01:18:30.760 --> 01:18:32.800 Thank you for informative talk.

NOTE Confidence: 0.919589265

 $01:18:32.800 \longrightarrow 01:18:34.837$  Its share of a large university IRB.

NOTE Confidence: 0.919589265

 $01:18:34.840 \longrightarrow 01:18:36.660$  I'm aware that European standards

NOTE Confidence: 0.919589265

 $01:18:36.660 \longrightarrow 01:18:38.480$  for research are much stronger.

NOTE Confidence: 0.919589265

01:18:38.480 --> 01:18:40.170 Incidentally, I'm a psychiatrist and

NOTE Confidence: 0.919589265

 $01:18:40.170 \longrightarrow 01:18:42.204$  clinician and keenly aware of how

NOTE Confidence: 0.919589265

 $01:18:42.204 \longrightarrow 01:18:43.920$  vulnerable patients can be at risk.

NOTE Confidence: 0.919589265

01:18:43.920 --> 01:18:45.820 I urge IRB's to consider

NOTE Confidence: 0.919589265

 $01:18:45.820 \longrightarrow 01:18:47.340$  social determinants of health.

 $01:18:47.340 \longrightarrow 01:18:50.469$  Also present risks and widens the group

NOTE Confidence: 0.919589265

 $01{:}18{:}50.469 \dashrightarrow 01{:}18{:}52.810$  of so-called vulnerable participants.

NOTE Confidence: 0.772945106470588

01:18:57.400 --> 01:19:00.408 A direct a direct a simple question if

NOTE Confidence: 0.772945106470588

 $01:19:00.408 \longrightarrow 01:19:03.491$  if an organization seeks to perform

NOTE Confidence: 0.772945106470588

 $01:19:03.491 \longrightarrow 01:19:06.732$  a clinical trial in a country that's

NOTE Confidence: 0.772945106470588

01:19:06.732 --> 01:19:08.672 an impoverished country and says,

NOTE Confidence: 0.772945106470588

 $01:19:08.680 \longrightarrow 01:19:10.381$  well, we are going to bring this

NOTE Confidence: 0.772945106470588

 $01:19:10.381 \longrightarrow 01:19:12.186$  drug and you talked about the

NOTE Confidence: 0.772945106470588

01:19:12.186 --> 01:19:13.876 post trial availability of drugs,

NOTE Confidence: 0.772945106470588

01:19:13.880 --> 01:19:15.976 what would be the answer to recognizing that?

NOTE Confidence: 0.772945106470588

 $01:19:15.980 \longrightarrow 01:19:17.898$  That seems to be the accepted standard?

NOTE Confidence: 0.772945106470588

01:19:17.900 --> 01:19:19.152 What's the direct response?

NOTE Confidence: 0.772945106470588

01:19:19.152 --> 01:19:21.030 If if a pharmaceutical company says

NOTE Confidence: 0.772945106470588

 $01:19:21.081 \longrightarrow 01:19:22.852$  we're going to go into this country

NOTE Confidence: 0.772945106470588

 $01:19:22.852 \longrightarrow 01:19:24.557$  and we're going to trial this now,

NOTE Confidence: 0.772945106470588

 $01:19:24.560 \longrightarrow 01:19:25.900$  this there is no treatment

 $01:19:25.900 \longrightarrow 01:19:26.704$  available right now.

NOTE Confidence: 0.772945106470588

 $01:19:26.710 \longrightarrow 01:19:28.588$  Of this population, wherever it is,

NOTE Confidence: 0.772945106470588

 $01:19:28.590 \longrightarrow 01:19:31.152$  if we bring this drug in here and

NOTE Confidence: 0.772945106470588

01:19:31.152 --> 01:19:33.444 we do a randomized control trial,

NOTE Confidence: 0.772945106470588

 $01:19:33.450 \longrightarrow 01:19:34.644$  50% of the people are going

NOTE Confidence: 0.772945106470588

 $01:19:34.644 \longrightarrow 01:19:35.710$  to have access to this.

NOTE Confidence: 0.772945106470588

01:19:35.710 --> 01:19:36.415 If we don't,

NOTE Confidence: 0.772945106470588

 $01{:}19{:}36.415 \to 01{:}19{:}38.390$  zero percent are going to have access to it.

NOTE Confidence: 0.772945106470588

 $01:19:38.390 \longrightarrow 01:19:40.170$  That population that we study.

NOTE Confidence: 0.772945106470588

 $01:19:40.170 \longrightarrow 01:19:42.425$  So therefore we're doing net

NOTE Confidence: 0.772945106470588

01:19:42.425 --> 01:19:44.680 good by bringing this here,

NOTE Confidence: 0.772945106470588

01:19:44.680 --> 01:19:46.178 even if we don't make it available

NOTE Confidence: 0.772945106470588

 $01{:}19{:}46.178 \dashrightarrow 01{:}19{:}47.269$  to every body after the trial.

NOTE Confidence: 0.772945106470588

01:19:47.270 --> 01:19:48.866 If it's shown to be effective,

NOTE Confidence: 0.772945106470588

 $01:19:48.870 \longrightarrow 01:19:50.424$  what would be the response to that?

 $01:19:51.270 \longrightarrow 01:19:54.672$  I've seen a trend in a lot of the

NOTE Confidence: 0.838635551052631

 $01:19:54.672 \longrightarrow 01:19:57.715$  leading ethicists in this area moving

NOTE Confidence: 0.838635551052631

 $01:19:57.715 \longrightarrow 01:20:01.165$  towards some sort of standard of an

NOTE Confidence: 0.838635551052631

01:20:01.165 --> 01:20:03.490 expectation for post trial access.

NOTE Confidence: 0.838635551052631

 $01:20:03.490 \longrightarrow 01:20:07.816$  Of course, you can't realistically provide.

NOTE Confidence: 0.838635551052631

01:20:07.820 --> 01:20:10.140 Interminable post trial access

NOTE Confidence: 0.838635551052631

 $01:20:10.140 \longrightarrow 01:20:13.040$  for a population because that's

NOTE Confidence: 0.838635551052631

01:20:13.040 --> 01:20:15.140 not financially feasible,

NOTE Confidence: 0.838635551052631

01:20:15.140 --> 01:20:18.839 but at least conducting a study

NOTE Confidence: 0.838635551052631

 $01:20:18.839 \longrightarrow 01:20:21.310$  on a population should not

NOTE Confidence: 0.838635551052631

 $01{:}20{:}21.310 \dashrightarrow 01{:}20{:}23.920$  simply end the moment the trial.

NOTE Confidence: 0.838635551052631

 $01:20:23.920 \longrightarrow 01:20:27.562$  And but there should be some

NOTE Confidence: 0.838635551052631

 $01{:}20{:}27.562 \dashrightarrow 01{:}20{:}31.049$  benefit for some period of time.

NOTE Confidence: 0.838635551052631

01:20:31.050 --> 01:20:36.034 Month, years after the completion of a trial.

NOTE Confidence: 0.838635551052631 01:20:36.040 --> 01:20:37.028 So that. NOTE Confidence: 0.838635551052631

01:20:37.028 --> 01:20:39.992 People living in that population can

 $01{:}20{:}39.992 \dashrightarrow 01{:}20{:}43.187$  still have access to the treatment,

NOTE Confidence: 0.838635551052631

01:20:43.190 --> 01:20:44.321 particularly trial participants,

NOTE Confidence: 0.838635551052631

 $01:20:44.321 \longrightarrow 01:20:46.583$  so that they can have continued

NOTE Confidence: 0.838635551052631

 $01:20:46.583 \longrightarrow 01:20:48.315$  access to the treatment that they

NOTE Confidence: 0.838635551052631

 $01:20:48.315 \longrightarrow 01:20:49.990$  were exposed to in the trial,

NOTE Confidence: 0.838635551052631

01:20:49.990 --> 01:20:51.220 particularly should improve

NOTE Confidence: 0.838635551052631

 $01:20:51.220 \longrightarrow 01:20:52.450$  beneficial to them,

NOTE Confidence: 0.838635551052631

 $01{:}20{:}52.450 \longrightarrow 01{:}20{:}55.565$  but also having some period

NOTE Confidence: 0.838635551052631

 $01:20:55.565 \longrightarrow 01:20:58.680$  of access for the community.

NOTE Confidence: 0.838635551052631

 $01:20:58.680 \longrightarrow 01:21:00.370$  There has been an argument

NOTE Confidence: 0.838635551052631

 $01:21:00.370 \longrightarrow 01:21:02.360$  that that is a sort of.

NOTE Confidence: 0.838635551052631

 $01:21:02.360 \longrightarrow 01:21:03.516$  Social obligation.

NOTE Confidence: 0.838635551052631

 $01:21:03.516 \longrightarrow 01:21:06.984$  I think that those arguments have

NOTE Confidence: 0.838635551052631

 $01:21:06.984 \longrightarrow 01:21:10.129$  been fairly ethically compelling.

NOTE Confidence: 0.838635551052631

01:21:10.130 --> 01:21:12.860 The exact amount of what is offered,

 $01:21:12.860 \longrightarrow 01:21:14.900$  I think, is of course.

NOTE Confidence: 0.838635551052631

01:21:14.900 --> 01:21:17.936 Relative to what is being studied,

NOTE Confidence: 0.838635551052631

 $01:21:17.940 \longrightarrow 01:21:20.136$  the profits of that intervention there.

NOTE Confidence: 0.838635551052631

01:21:20.140 --> 01:21:22.204 There's so many dynamics that would

NOTE Confidence: 0.838635551052631

01:21:22.204 --> 01:21:24.439 go into figuring out what is fair,

NOTE Confidence: 0.838635551052631

01:21:24.440 --> 01:21:27.968 but simply going in and testing and

NOTE Confidence: 0.838635551052631

 $01:21:27.968 \longrightarrow 01:21:30.459$  intervention and then leaving I.

NOTE Confidence: 0.838635551052631

 $01:21:30.460 \longrightarrow 01:21:32.392$  I think that there's there's been

NOTE Confidence: 0.838635551052631

 $01:21:32.392 \longrightarrow 01:21:34.385$  a shift among ethicists that that

NOTE Confidence: 0.838635551052631

01:21:34.385 --> 01:21:36.000 just doesn't seem quite right.

NOTE Confidence: 0.838635551052631

 $01{:}21{:}36.000 \dashrightarrow 01{:}21{:}37.940$  We have to do a little bit better than that.

NOTE Confidence: 0.779580128

01:21:38.760 --> 01:21:40.844 Well, I I, I agree, but I but now

NOTE Confidence: 0.779580128

 $01:21:40.844 \longrightarrow 01:21:42.482$  I gotta find you don't know about

NOTE Confidence: 0.779580128

01:21:42.482 --> 01:21:44.680 anymore but I got a very wealthy

NOTE Confidence: 0.779580128

 $01:21:44.680 \longrightarrow 01:21:46.171$  pharmaceutical company that I that I

NOTE Confidence: 0.779580128

01:21:46.171 --> 01:21:48.019 also run in my spare time and I say,

 $01:21:48.019 \longrightarrow 01:21:49.297$  well, you know if you say

NOTE Confidence: 0.779580128

 $01{:}21{:}49.297 \dashrightarrow 01{:}21{:}50.719$  there's a social responsibility.

NOTE Confidence: 0.779580128

01:21:50.720 --> 01:21:52.660 So if I say well, why should I have

NOTE Confidence: 0.779580128

01:21:52.660 --> 01:21:53.935 more of that social responsibility?

NOTE Confidence: 0.779580128

 $01:21:53.940 \longrightarrow 01:21:54.980$  I'm gonna go in there.

NOTE Confidence: 0.779580128

 $01:21:54.980 \longrightarrow 01:21:57.066$  Make this drug available to half the

NOTE Confidence: 0.779580128

01:21:57.066 --> 01:21:58.597 people running around in my eyes

NOTE Confidence: 0.779580128

01:21:58.597 --> 01:22:00.218 this we're going to do this we're

NOTE Confidence: 0.779580128

 $01{:}22{:}00.218 \dashrightarrow 01{:}22{:}02.727$  going to get out now why do I have

NOTE Confidence: 0.779580128

 $01:22:02.727 \longrightarrow 01:22:03.931$  more social responsibility than

NOTE Confidence: 0.779580128

01:22:03.931 --> 01:22:05.769 anybody else stored that population?

NOTE Confidence: 0.625384854

01:22:07.670 --> 01:22:09.510 You're benefiting from it, right?

NOTE Confidence: 0.625384854

 $01:22:09.510 \longrightarrow 01:22:12.510$  And you're you're getting something,

NOTE Confidence: 0.625384854

01:22:12.510 --> 01:22:14.190 something significant, probably,

NOTE Confidence: 0.625384854

 $01:22:14.190 \longrightarrow 01:22:16.750$  particularly if your intervention.

 $01:22:16.750 \longrightarrow 01:22:19.438$  If they are helping to prove that

NOTE Confidence: 0.625384854

01:22:19.438 --> 01:22:21.380 your intervention is effective,

NOTE Confidence: 0.625384854

01:22:21.380 --> 01:22:23.567 you're going to make some money off of that,

NOTE Confidence: 0.625384854

 $01:22:23.570 \longrightarrow 01:22:27.084$  and so they had they stand to

NOTE Confidence: 0.625384854

 $01:22:27.084 \longrightarrow 01:22:29.246$  benefit from their contribution to

NOTE Confidence: 0.625384854

 $01:22:29.246 \longrightarrow 01:22:31.316$  the development of that knowledge.

NOTE Confidence: 0.94014851

 $01:22:33.420 \longrightarrow 01:22:34.089$  There we go.

NOTE Confidence: 0.9081217

 $01:22:36.780 \longrightarrow 01:22:38.238$  This will be our final question.

NOTE Confidence: 0.9081217

 $01:22:38.240 \longrightarrow 01:22:40.148$  Is there an ethical framework you

NOTE Confidence: 0.9081217

01:22:40.148 --> 01:22:42.129 would invoke around the recent pfizers

NOTE Confidence: 0.9081217

01:22:42.129 --> 01:22:44.397 application for vaccine use in age group

NOTE Confidence: 0.9081217

01:22:44.397 --> 01:22:46.787 in which the data is not yet available?

NOTE Confidence: 0.866773808333333

 $01:22:49.930 \longrightarrow 01:22:53.338$  Yeah, that's a great closing question.

NOTE Confidence: 0.81772061

01:22:57.330 --> 01:22:59.130 I think that you know,

NOTE Confidence: 0.81772061

 $01:22:59.130 \longrightarrow 01:23:02.805$  sort of the emergency use

NOTE Confidence: 0.81772061

01:23:02.805 --> 01:23:04.804 authorization questions. Wait?

 $01{:}23{:}04.804 --> 01{:}23{:}07.948$  They raised a whole host of

NOTE Confidence: 0.81772061

 $01:23:07.948 \longrightarrow 01:23:10.410$  of different issues because.

NOTE Confidence: 0.81772061

01:23:10.410 --> 01:23:12.800 If we make something available

NOTE Confidence: 0.81772061

01:23:12.800 --> 01:23:15.190 before it's been sufficiently tested,

NOTE Confidence: 0.81772061

 $01:23:15.190 \longrightarrow 01:23:20.646$  that can corrupt the results of our studies.

NOTE Confidence: 0.81772061

01:23:20.650 --> 01:23:24.650 You know, so it's it's.

NOTE Confidence: 0.81772061

01:23:24.650 --> 01:23:26.480 Is it possible to pollute,

NOTE Confidence: 0.81772061

 $01:23:26.480 \longrightarrow 01:23:28.748$  pollute the data and then there

NOTE Confidence: 0.81772061

 $01{:}23{:}28.748 \dashrightarrow 01{:}23{:}30.989$  are so many questions you know

NOTE Confidence: 0.81772061

 $01:23:30.989 \longrightarrow 01:23:32.963$  that come up with regard to?

NOTE Confidence: 0.81772061

 $01:23:32.970 \longrightarrow 01:23:35.630$  What is fair and appropriate?

NOTE Confidence: 0.81772061

 $01:23:35.630 \longrightarrow 01:23:38.158$  Should we be allowing access to something

NOTE Confidence: 0.81772061

 $01{:}23{:}38.158 \dashrightarrow 01{:}23{:}40.340$  that is being tested on individuals

NOTE Confidence: 0.81772061

 $01:23:40.340 \longrightarrow 01:23:42.566$  where we have a placebo involved?

NOTE Confidence: 0.81772061

 $01:23:42.570 \longrightarrow 01:23:45.210$  Or you know there are certain

 $01:23:45.210 \longrightarrow 01:23:48.040$  risks involved in the research and

NOTE Confidence: 0.81772061

 $01:23:48.040 \longrightarrow 01:23:50.321$  then we're allowing individuals

NOTE Confidence: 0.81772061

 $01:23:50.321 \longrightarrow 01:23:53.306$  outside of the research enterprise

NOTE Confidence: 0.81772061

 $01:23:53.306 \longrightarrow 01:23:56.130$  to bypass that that process.

NOTE Confidence: 0.81772061

 $01:23:56.130 \longrightarrow 01:23:57.930$  It's it's really,

NOTE Confidence: 0.81772061

 $01:23:57.930 \longrightarrow 01:24:00.946$  I think this this should be a seminar

NOTE Confidence: 0.81772061

 $01:24:00.946 \longrightarrow 01:24:03.104$  inning of itself because there.

NOTE Confidence: 0.81772061

 $01:24:03.104 \longrightarrow 01:24:05.606$  There's so many issues that emerge,

NOTE Confidence: 0.81772061

 $01:24:05.610 \longrightarrow 01:24:08.900$  UM, there are a lot of scenarios

NOTE Confidence: 0.81772061

 $01:24:08.900 \longrightarrow 01:24:09.840$  when historically,

NOTE Confidence: 0.81772061

 $01{:}24{:}09.840 \dashrightarrow 01{:}24{:}12.272$  particularly with HIV drugs,

NOTE Confidence: 0.81772061

 $01:24:12.272 \longrightarrow 01:24:15.920$  we saw expanded access to treatment

NOTE Confidence: 0.81772061

 $01:24:16.020 \longrightarrow 01:24:19.044$  being allowed for people whose lives

NOTE Confidence: 0.81772061

 $01:24:19.044 \longrightarrow 01:24:22.358$  were on the line and there was a

NOTE Confidence: 0.81772061

 $01:24:22.358 \longrightarrow 01:24:24.194$  strong argument being made for this.

NOTE Confidence: 0.81772061

 $01:24:24.200 \longrightarrow 01:24:26.480$  But then.

 $01:24:26.480 \longrightarrow 01:24:33.450$  Subsequently those who were involved in the.

NOTE Confidence: 0.81772061

 $01{:}24{:}33.450 \to 01{:}24{:}36.090$  Activism in obtaining access to drugs

NOTE Confidence: 0.81772061

 $01:24:36.090 \longrightarrow 01:24:38.660$  outside of trials realized that there

NOTE Confidence: 0.81772061

01:24:38.660 --> 01:24:43.018 was a certain benefit to the drug companies,

NOTE Confidence: 0.81772061 01:24:43.018 --> 01:24:43.740 and.

01:24:43.740 --> 01:24:49.628 Providing expedited access and.

NOTE Confidence: 0.81772061

NOTE Confidence: 0.81772061

 $01:24:49.630 \longrightarrow 01:24:53.174$  Stale of a product that had not been

NOTE Confidence: 0.81772061

 $01:24:53.174 \longrightarrow 01:24:56.116$  sufficiently proven to be safe and effective,

NOTE Confidence: 0.81772061

 $01:24:56.120 \longrightarrow 01:24:59.144$  and ultimately was not having the

NOTE Confidence: 0.81772061

 $01:24:59.144 \longrightarrow 01:25:01.990$  clinical outcomes that were promised.

NOTE Confidence: 0.81772061

 $01:25:01.990 \longrightarrow 01:25:04.027$  I think with regard to the backs,

NOTE Confidence: 0.81772061

 $01:25:04.030 \longrightarrow 01:25:06.088$  the COVID vaccine is a different story.

NOTE Confidence: 0.81772061

01:25:06.090 --> 01:25:07.884 Because, you know,

NOTE Confidence: 0.81772061

 $01:25:07.884 \longrightarrow 01:25:09.678$  we have seen.

NOTE Confidence: 0.81772061

 $01:25:09.680 \longrightarrow 01:25:11.708$  Widely established safety and

01:25:11.708 --> 01:25:13.736 efficacy for older populations,

NOTE Confidence: 0.81772061

 $01:25:13.740 \longrightarrow 01:25:17.700$  so you know it's it's not a question

NOTE Confidence: 0.81772061

 $01:25:17.700 \longrightarrow 01:25:21.007$  of whether this is likely to be.

NOTE Confidence: 0.81772061

 $01:25:21.010 \longrightarrow 01:25:25.760$  Useful to other age groups.

NOTE Confidence: 0.81772061

 $01:25:25.760 \longrightarrow 01:25:28.480$  But it also just it.

NOTE Confidence: 0.81772061

 $01:25:28.480 \longrightarrow 01:25:31.410$  It's it's challenging to to

NOTE Confidence: 0.81772061

 $01:25:31.410 \longrightarrow 01:25:33.754$  bypass the scientific process.

NOTE Confidence: 0.81772061

01:25:33.760 --> 01:25:34.549 You know it's.

NOTE Confidence: 0.906081242

 $01{:}25{:}36.680 \dashrightarrow 01{:}25{:}39.048$  This is this is a question that I'm

NOTE Confidence: 0.906081242

01:25:39.048 --> 01:25:41.666 not sure I have a complete opinion on,

NOTE Confidence: 0.906081242

 $01:25:41.666 \longrightarrow 01:25:43.874$  but I think that it deserves a lot

NOTE Confidence: 0.906081242

 $01:25:43.874 \longrightarrow 01:25:46.280$  of attention and at least I can

NOTE Confidence: 0.906081242

 $01:25:46.280 \longrightarrow 01:25:48.672$  describe what needs to be considered

NOTE Confidence: 0.906081242

 $01:25:48.672 \longrightarrow 01:25:50.560$  from an ethical perspective,

NOTE Confidence: 0.906081242

 $01:25:50.560 \longrightarrow 01:25:52.816$  which you know are the questions

NOTE Confidence: 0.906081242

 $01:25:52.816 \longrightarrow 01:25:54.864$  of fairness to the participants

 $01:25:54.864 \longrightarrow 01:25:59.090$  in the trial and ensuring that we

NOTE Confidence: 0.906081242

 $01{:}25{:}59.090 \dashrightarrow 01{:}26{:}03.740$  are adequately developing a fully.

NOTE Confidence: 0.906081242

 $01:26:03.740 \longrightarrow 01:26:06.150$  Useful scientific assessment of of

NOTE Confidence: 0.906081242

 $01:26:06.150 \longrightarrow 01:26:08.560$  the vaccine in this population.

NOTE Confidence: 0.906081242

01:26:08.560 --> 01:26:10.990 Because we've seen you know,

NOTE Confidence: 0.906081242

 $01:26:10.990 \longrightarrow 01:26:12.830$  again over and over.

NOTE Confidence: 0.906081242

 $01:26:12.830 \longrightarrow 01:26:14.670$  Historically scenarios where products

NOTE Confidence: 0.906081242

01:26:14.670 --> 01:26:17.244 have come into the market too soon

NOTE Confidence: 0.906081242

 $01:26:17.244 \longrightarrow 01:26:19.464$  and they're not fully vetted,

NOTE Confidence: 0.906081242

01:26:19.464 --> 01:26:21.780 and so you know, it's.

NOTE Confidence: 0.828981855

01:26:24.290 --> 01:26:27.266 It's it's. It's important that we

NOTE Confidence: 0.828981855

 $01:26:27.270 \longrightarrow 01:26:29.682$  whatever expanded access there is that

NOTE Confidence: 0.828981855

 $01{:}26{:}29.682 \dashrightarrow 01{:}26{:}32.122$  it doesn't interfere with getting a

NOTE Confidence: 0.828981855

01:26:32.122 --> 01:26:34.420 full and accurate assessment of safety

NOTE Confidence: 0.828981855

01:26:34.420 --> 01:26:36.598 and efficacy because without that then

 $01:26:36.598 \longrightarrow 01:26:38.358$  we're getting into an experimental

NOTE Confidence: 0.828981855

01:26:38.358 --> 01:26:40.147 realm for the entire population,

NOTE Confidence: 0.828981855

01:26:40.150 --> 01:26:42.718 which is arguably less out of

NOTE Confidence: 0.828981855

 $01:26:42.718 \longrightarrow 01:26:44.786$  the ethical than having it.

NOTE Confidence: 0.828981855

01:26:44.786 --> 01:26:47.114 Your experimental group in which you're

NOTE Confidence: 0.828981855

01:26:47.114 --> 01:26:49.267 testing something out before it's before,

NOTE Confidence: 0.828981855

 $01:26:49.270 \longrightarrow 01:26:50.338$  it's broadly distributed.

NOTE Confidence: 0.901416708

01:26:51.740 --> 01:26:52.780 Thank you, thank you.

NOTE Confidence: 0.901416708

01:26:52.780 --> 01:26:56.260 Well, I promise the heart stop at 6:30.

NOTE Confidence: 0.901416708

01:26:56.260 --> 01:26:58.136 Doctor Laura Bothwell thank you so much.

NOTE Confidence: 0.901416708

 $01:26:58.140 \longrightarrow 01:26:59.646$  This is really been quite informative.

NOTE Confidence: 0.901416708

 $01:26:59.650 \longrightarrow 01:27:02.872$  There are and and there are some terrific

NOTE Confidence: 0.901416708

 $01:27:02.872 \longrightarrow 01:27:05.117$  questions and comments that follow on.

NOTE Confidence: 0.901416708

 $01{:}27{:}05.120 \dashrightarrow 01{:}27{:}06.863$  People are very much engaged in this

NOTE Confidence: 0.901416708

 $01:27:06.863 \longrightarrow 01:27:08.995$  and I and I do appreciate everybody who

NOTE Confidence: 0.901416708

 $01:27:08.995 \longrightarrow 01:27:11.358$  was on the call and who was submitted.

 $01:27:11.360 \longrightarrow 01:27:13.418$  These terrific questions and the marvelous

NOTE Confidence: 0.901416708

 $01:27:13.418 \longrightarrow 01:27:15.205$  information you've shared with us, Laura.

NOTE Confidence: 0.901416708

 $01:27:15.205 \longrightarrow 01:27:16.555$  This has been a terrific evening.

NOTE Confidence: 0.901416708

 $01:27:16.560 \longrightarrow 01:27:17.448$  Thank you so much.

NOTE Confidence: 0.63940732

 $01:27:17.690 \longrightarrow 01:27:20.196$  Such a pleasure. Thanks to

NOTE Confidence: 0.63940732

 $01{:}27{:}20.196 \dashrightarrow 01{:}27{:}21.180$  everyone who participated.

NOTE Confidence: 0.91849366

 $01:27:22.880 \longrightarrow 01:27:24.470$  Thank you all very much.

NOTE Confidence: 0.91849366

 $01:27:24.470 \longrightarrow 01:27:26.153$  We'll see you again in a couple of weeks.

NOTE Confidence: 0.91849366

 $01:27:26.160 \longrightarrow 01:27:30.000$  I have a goodnight thank you Doctor Bothwell.