Dear Editor,

The Emergency Department (ED) is a unique place offering a distinctive clinical practice environment as well as varied moral challenges to healthcare physicians and nursing staff (1). Professional responsibility has been an area of interest to physicians since antiquity (2). The growth of Emergency Medicine (EM) in the developing world has generated both professional and societal attention towards moral issues in healthcare and research (3). As in various other areas of medicine, research has been an integral component of EM with the intention to allow improvement in care that could be critical from the onset. Research ethics in EM is a relevant area for discussion, particularly when the training program is in inception. Our aim is to highlight the current status of EM research in Pakistan and the ethical obligations to be considered when conducting research in such a setting. We also suggest potential solutions to the deficiencies observed in the current research setup of EM in Pakistan.

Emergency department is in its infancy in Pakistan, and therefore, the possibilities of conducting research are limitless. Conducting clinical research in EM exposes many ethical dilemmas for emergency staff personnel and creates an ethical obligation on behalf of the patient (4). At times, they are unable to consent to clinical research, and even if they do, they have patient confidentiality concerns. The family members are so stressed out that they are unable to consent to research in the ED. This puts the emergency physician in a bind regarding EM research involving patients who are in no position to consent themselves. Presently, no universal research ethics standards are being followed in EDs across Pakistan. There are, however, some private institutions that stringently conform to certain research ethics standards; unfortunately, most government institutions till date do not.

Research in areas such as resuscitation and critical care in the ED is most prone to such ethical dilemmas because of rapid turnover, overcrowded healthcare staff, overcrowding, and critical presentation of the patient, and less time for making voluntary decisions (5). Most investigators conducting EM research are primarily based in private academic centers where ethical research practice is prevalent. However, there is a paucity of such standards in other places where emergency care is also not up to par. Research and its ethics go hand in hand. Research consent, which is considered the central pillar prior to initiating any study, seems to be an unknown concept for many emergency physicians in Pakistan. Research participants are given consent forms mostly in English. Even if they are translated to Urdu, the participants may not be given ample time to read them properly.

Given that the ED deals with a vulnerable population, researchers must carefully conduct research with the voluntary participation of subjects. When faced with such consent problems, researchers may violate ethical standards. Institutional review boards need to be aware of EM-related research proposals; in particular, the protocols must safeguard the rights of clinical research subjects. Formal research ethics training must be provided to data collectors prior to allowing them to initiate clinical research studies in the ED. EM research has immense opportunities in a developing country such as Pakistan. The area can identify possible areas of improvement in research and healthcare. Incorporating public health into EM can create new horizons focusing on basic health issues of the country.

In conclusion, EM research is a moral endeavor. The moral lapse that has been observed in Pakistan is due to the lack of patient autonomy in EM research principles. EM research, which possesses the potential ground for novel research, could be improved if the focus is toward better training of emergency physicians.

References