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Clinical Research vs. Clinical Care

By Andrew Snyder

People participate in clinical studies for a variety of reasons. They might hope their health will improve or they will learn more about their medical condition. They might want the additional tests, assessments and attention that study participants typically receive vs. clinical patients. They might want to help create knowledge that will help them, their family, or other people with their medical condition. They might value the cash stipends. They might be curious about the clinical study experience or just want a diversion from their routine activities.

Institutional review boards (IRBs) are typically very cautious about including anything in a consent form that could be construed as a benefit because it might constitute an undue inducement to participate in the study. For example, we downplay cash stipends (except in phase 1 studies) because we do not want them to be considered in the IRB's or participant's risk/benefit calculation.

Many patients think about a clinical study much like they think about clinical care: it's just another treatment option. When deciding whether to participate in a clinical study, they are basically assessing whether access to the experimental treatment they might receive is worth the study visits and other hassles. This is where the therapeutic misconception becomes important. However, the solution to the therapeutic misconception is to clearly explain the realities of the study, not to pretend there are no benefits.

Clinical Research vs. Clinical Care

The FDA tells the general public, "Clinical research is much different from the medical treatment you receive in a healthcare provider's office"[1] and summarizes the differences. Table 1 provides an excerpt:

Table 1. Clinical Research vs. Medical Treatment

	Clinical Research	Medical Treatment
Intent	Answers specific questions through research involving numerous research volunteers.	Addresses the needs of individual patients.
Intended Benefit	Generally designed and intended to benefit future patients.	Intended to benefit the individual patient.
Time Frame	Depends on research protocols.	Requires real-time decisions.

These three, oversimplified comparisons are misleading:

- While the primary intent of clinical research is to answer specific questions through research involving numerous research volunteers, individual study participants might very well benefit.

- While clinical studies are generally designed and intended to benefit future patients, they can also provide real benefits to study participants. A responsible physician will use his or her medical judgment in choosing which patients to talk to about a clinical study.
- While clinical studies follow a protocol, they do not run on automatic pilot. For example, the investigator can perform additional tests (perhaps with notification to the study sponsor), prescribe medications to treat side effects and other medical conditions, or, as a last resort (or if a better option comes along), terminate the person's participation in the study.

There is no question that, in some clinical studies, participants are, in fact, cured of their disease. In some studies, the additional attention that participants receive can generate "incidental findings," e.g., the early discovery of a tumor while it can still be treated. In some cases, participants can obtain tests and procedures that would be unaffordable under regular clinical care. In other cases, especially in oncology, clinical research *is* clinical care. We also should not ignore the satisfaction derived from performing an altruistic act.

It insults investigators (and other clinical research professionals) to make the blanket assumption that they leave their Hippocratic Oath and professional ethics at the door when they conduct a clinical study.

Incidental Findings

An "incidental finding" occurs when a clinical study learns something about the health of a study participant that the person might want to know. An incidental finding might consist of a fever, a rash, a low hematocrit, an elevated liver enzyme, a sudden weight gain, a shadow on an X-ray, a DNA mutation associated with a genetic disease, or any number of other observations. Bioethicists generally agree that, as a general rule, the investigator should inform the participant if the finding is both significant and actionable. If the finding is minor or not actionable, informing the participant might cause harm, e.g., dangerous treatment of a small, non-malignant tumor, or suicide due to a fatal, untreatable condition.

The following examples of incidental findings show how participating in a clinical study benefitted the health of four people:

Case Study 1. Joyce Riestenberg-Smith, RN, HealthEast Care System

At a regular follow-up visit with a participant in a diabetes medication clinical trial, I detected a fast pulse. As required by the study, an ECG found ventricular tachycardia in addition to the 160 bpm pulse. (The participant was aware of the fast pulse but had not recognized the need for an urgent intervention.) He had an implantable cardioverter defibrillator (ICD), so I immediately had the electrophysiology cardiologist assess the situation. The participant received a cardioversion within two hours. Without the cardioversion, his ICD might have fired, causing significant pain and necessitating an expensive and costly trip to the emergency department.

Case Study 2. Pam Sroka, RN, Rush University Medical Center

A brain imaging scan in a cancer study discovered asymptomatic brain metastases in a study participant. Without the study, the metastases would not have been discovered until they became symptomatic, when the prognosis for the participant would have been poor.

Case Study 3. Cindy Huckabone, RN, Genesys Regional Medical Center

In the process of taking routine vital signs at a participant's first visit in a macular degeneration study, I noticed that her pulse was irregular, which it had not been at previous clinical visits. An ECG found her to be in atrial fibrillation with a rapid ventricular response. We called her regular physician, who admitted her to the hospital for treatment. She had no previous record of atrial fibrillation.

Case Study 4. Elizabeth Schindler, RN, HealthEast Care System

At a participant's visit in a cardiovascular disease secondary prevention clinical trial, he commented on decreased exercise tolerance and increased fatigue. An ECG found cardiac rhythm abnormalities. I also noted fluid retention. These were new symptoms for this study participant. The participant's physician's nurse practitioner adjusted his medications and scheduled him for a cardioversion. The participant is now being followed in the electrophysiology clinic.

Clinical Research *and* Clinical Care

The differences between clinical research and clinical care have been overemphasized, to the disadvantage of patients, clinical researchers, and the general public. Potential study participants deserve a more informative explanation of the differences. For example, perhaps we could add the following statement to consent forms, when appropriate:

> As a participant in this study, your health might benefit from tests and procedures that you would not receive under normal medical care. For example, we might discover a medical condition that should be treated immediately.

Instead of thinking of clinical research *vs*. clinical care, we should think of clinical research *and* clinical care.

Reference

1. U.S. Food and Drug Administration; Protecting and Promoting Your Health, "Clinical Research Versus Medical Treatment", http://www.fda.gov/ForPatients/ClinicalTrials

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