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Ethics of Research and the Developing Countries

SIR,—My colleagues sometimes receive letters from overseas research workers who want to embark on a project and seek help to perform analytical procedures on large numbers of blood samples taken from various groups of the local population. They would be authors offer co-authorship in the forthcoming paper (whatever the result should be) in reciprocation for collecting and sending the samples. I am doubtful about the fairness and ethics of this practice and my doubts might be summarized as follows.

How can somebody be a true co-author if he has not taken part in the conception of the idea and the planning of the project? Collecting blood samples and posting them are not contributions to research at academic level, these are services which could be done by technicians and messengers.

Is it fair toward the individual donor, citizen, and taxpayer of a developing country to send his blood on request to another country with well-equipped laboratories and highly ambitious research workers? One must ask the question: *Cui prodest?* Who benefits from it? Well, the answer is that because medical research is everybody's property, the whole world benefits from it. Perhaps this is theoretically so; practically the benefits are very unevenly distributed and much less reaches the population from where the sample was taken.

Observation of patients and laboratory work executed under difficult circumstances locally has produced important new facts. One can cite from the medical history of Ghana the first description of kwashiorkor in 1933 (the name of the disease was taken from one of the Ghanaian languages) and the discovery of Northern Ghana as the birth place of Hb C, first described in the United States. The influ-

ence of these and similar discoveries upon the medical and non-medical public of the country is profound.

I have never heard of the reverse exercise, namely of taking blood samples from overseas and sending them to a developing country to compare them with local material. Such a venture would be ridiculed and no community would be available to donate blood for such purposes. To train doctors, biochemists, microbiologists, and physicists for doing research is a very costly business and the developing countries pay a still higher price for it than their counterparts, despite the considerable help from foreign governments and international organizations in the form of scholarships. It is needless to say that in respect of volume and standard of medical research the gap between the two halves of the world is enormous, and joint effort is needed to narrow this gap. Generally speaking in the foreseeable future there seems little chance that basic research can be carried out in developing countries. However, there is a vast field open for applied research. In this context it is undoubtedly justified to insist that such projects which are based on investigations on local material should be carried out in the same country thus giving the local staff the opportunity to learn how to plan, organize, perform, and evaluate a project and for the local population to benefit from the results.

We are quite aware of the fact that all research procedures cannot be carried out locally because refined techniques need special facilities overseas. This makes it unavoidable that some samples have to be sent to those places. Nevertheless, this should be done after having done the bulk of the work with full co-operation of the local staff, locally. The developing countries invite research workers who are interested

in tropical diseases, genetical problems, enzymatic abnormalities, etc., not to hesitate to use part of their grant to come to work there with the local staff in true partnership. I am sure they will have as much benefit from this venture as their counterparts, because they will know much more about the conditions where the material comes from.

In past centuries large numbers of the population of these countries were shipped off to work as slaves; during the colonial era raw materials were taken away to be processed in developing countries and agricultural products exported irrespective of the need of the local population. The growing conscience of the world, harsh political realities, and the awakened demand for freedom of the peoples of these countries abolished or scaled down considerably this one-way traffic. I think the time has come when the unidirectional flow of research material should also be eliminated.—I am, etc.,

BELA RINGELHANN.

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Thrombosis and Carcinoma of the Prostate

SIR,—An increasing incidence of venous thrombosis having occurred in proven cases of prostatic carcinoma receiving large and continuous dosage of stilboestrol after their discharge from hospital¹ has decided me to use an anticoagulant in conjunction with the hormone as a prophylactic agent against a possible thrombosis. Originally I thought this incidence might be attributed to old age or some obscure blood dyscrasia, and so I referred all such cases to Sir