

Ethics in Research and Practice

"Do good, or no harm"

Hippocrates

Katerina Kassavou Ethics can't be considered
co-editor without reflecting on our
Anthony values. Is health psychology
Montgomery as a body of knowledge and a
editor practice ethical? Do our
theories represent and
integrate the different values people have? Do
our practices benefit more than cause harm?

The world is inhabited by people with different socio-economic backgrounds, cultures and values. However, today our health psychology journals have failed to represent accurately this variety, raising questions on the applicability and generalizability of our findings.

Interestingly, ethical considerations have only been indirectly captured in debates around methodological issues (e.g., meta analysis, see Field 2014; and evidence based practice, see Greenhalgh et al 2014), which involve critical ethical questions about what types of evidence we value. It's unfortunate that we rarely consider such debates as being about the ethics of what we do. We are in danger of professionalising ethics, and thus reducing it to a methodological footnote. It is really quite bizarre that most of us are satisfied with the fact that our research proposal 'passes' the appropriate ethics research committee, and thus we are not really required to formally reflect on the ethical issues again in the course of our research. We all collude in systems that push ethical debate to the penumbra of scientific discourse. Universities, journals, research funding bodies and our professional organizations invest great energy in delineating the ethical boxes that needed to be ticked, but

give us relatively little guidance on our responsibility to challenge unethical systems that perpetuate some of the subjects that we study. Just how apolitical can health psychology be is an interesting question. However, as Pericles warns us that just because we do not take an interest does not mean that politics will not take an interest in us.

The most interesting aspect in organising this special issue on ethics in health psychology was how difficult it was to find contributions. Not surprisingly, the contributions that we did find were far from bland. Diana Taut reflects on whether it's ethical to ask people to fight cancer, Marianna Fotaki explores the tangled web around introducing patient choice, and Behnaz Schofield provides a comprehensive overview of informed consent. Finally, Ad Kaptein asks some searching questions about how we apply ethical principles to health psychology research. The remarkable thing about all the contributions is that they ask more questions than the answer, which is what good science should look like.

Highlight of the special issue

Diana Taut (2014) discusses the ethical considerations on cancer treatment. Taut presents the contradictory research evidence on the factors and mechanisms most associated with coping and survival rates in patients with cancer, and criticizes the misinterpretation or misuse of this evidence from the media and marketing. Taut presents as an example the case

of Lisa Bonchek Adams, who decided to make public her everyday experience with cancer using the media. Taut also discusses the pitfalls that the stereotypes of the “survival” personality traits, way of thinking or behaving have for those people who do not possess them, and the subsequent dilemmas for professional recommendations and practice.

Marianna Fotaki (2014) describes the ethical implications of introducing patient choice in the UK. She presents the reasons and the ethical implication of patients’ choice in the National Health System in England. Fotaki recommends that patients’ choice is not entirely based on their rational decisions about the information provided. Factors like the relationship with the health care provider, the health condition that people have and the extent that this condition influences their cognitive ability, patients’ beliefs, cultural values and expectations are even more important factors guiding patients’ decision about their healthcare. Fotaki highlights the significance of tailoring the treatment provided to patients’ everyday life and needs. She raises the ethical issue of collective responsibility and the treatment missing the opportunity to serve those that might need it more. Fotaki uses the example of Staffordshire NHS to illustrate the ethical and moral implications that market-based health care system has in practice and especially in trust relationships between patients and health care providers.

Behnaz Schofield (2014) describes the principles of autonomous and free choice, as an underlying value of informed consent in health related research. The author also discuss the factors that influence informed consent during the different stages of the research process, and how these factors are related to autonomous and free choice. These factors are participants’ understanding of the information provided, which can involve literacy and language barriers, the amount, length and way information is

presented, power relationships between the researcher and the participant, and the participants’ competence to provide informed consent. Schofield also provides practical tips for researchers and recommendations for research ethics committees, to facilitate autonomous choice during the informed consent process.

Ad Kaptein (2014) discusses the four basic principles of medical ethics and whether and how research and practice in health psychology adheres to these principles. Kaptein reviewed the latest issues of *Psychology & Health* and *Health Psychology Review* for relevant papers to answer these questions. Kaptein uses the example of primary prevention and eating behaviour to discuss the principle of autonomy, the example of theory based research for the principle of beneficence, the example of screening programmes for the principle of non-maleficence and the example of outcomes for the principle of justice. Kaptein concludes by highlighting the need to add more ethical criteria in health psychology.

Conclusion

Ethical considerations are unavoidable when conducting research in and practising health psychology. Even when we claim that we do not do ethics, our practices are informed by ethical principles and the more we are aware about them, the better we can align our practices towards ethical research. We are always left with the problem of values. The current debate about the use of facebook data in a prestigious American journal (see Kramer, Guillory & Hancock, 2014) and the subsequent ‘editorial letter of concern’ (see Verma, 2014) highlights the problem of when ethical procedures need to be adhered to and by whom.

All authors in this issue provide a very useful insight on what needs to be considered and

developed further in the area of ethics and health psychology and they provide practical recommendations. These are relevant to methodology and interpretation of research findings, participants' choice within the market-based healthcare system, tailored information for research participants and meaning of the research outcomes. These recommendations seem to be timely and important for the current attempts to develop a common scientific language and apply health psychology research above and beyond any unethical systems.

concern.

<http://www.pnas.org/content/early/2014/07/02/1412469111.full.pdf> ■



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