

JOURNAL POLICY: THE ETHICAL APPROVAL OF CASE REPORTS

Live interaction active July to September 2020 UPDATED 30 June 2020

The problem

Writers associated with an educational institution are bound by that institution's 'Review Board' or 'Human Research Committee' and all papers published that report activities involving humans (or animals) by these writers are expected to carry specific approval from that body. No such provision applies to private practitioners yet there is an implication that some form of ethics approval is gained for a Case Report prepared by a private practitioner.

The questions

What position should be held by the journal for accepting Case Reports from private practitioners? Should there be institutional approval and if so, at what cost and to whom? What are the essential ethical principles that would allow direct acceptance by a journal from an independent, private writer?

The process

Readers are invited to submit comment and argument to journal@apcj.net; it will be published below with a view towards achieving a position agreed with crowd wisdom by September 2020. This position will then be published in October 2020 and will become the policy of this Journal.

Input

Comment 5: *The question regarding ethics of specific case reports, we assume, largely relates to patient confidentiality, although many supposed gatekeepers also claim to screen for value, relevance or harm. These latter aspects certainly leave any process open to natural prejudices.*

Schrag speaks of the many horror stories on blogs, noting such complaints not only arise from scholars in the social sciences and humanities, but that medical and psychological researchers also complain about delays and restrictions that appear to be out of proportion to the risks faced by subjects. (1)

This, in the first instance, should all be a concern for the Chiropractic profession, and do we really need to develop a system to add further impediment and tier to Chiropractic research?

We agree that the vast majority of clinical case reports are initially drafted by sole practitioners, which possibly creates a far more clinically relevant record of a treatment modes and outcomes for a specific health complaint.

Accordingly, it is fundamental that such reports are never discouraged in any way, but are structured to follow an accepted protocol and are peer reviewed by relevant qualified parties before publication.

Patrons of Chiropractic Science (PCS) encourages all case reports to follow the CARE protocols and guidelines. These accepted guidelines specifically require both patient/participant informed consent and an acknowledgement of the detail contained in the case report, including presentation, case description, treatment and outcomes. Perhaps a third leg of these authorities could include approval of publication in a related scientific or research journal?

Each of these consents/documents would be executed by the patient/participant, so the main issue is perhaps how to validly confirm such consents and acknowledgements attached to case reports to a reader once published, while still protecting the identity of the participant.

Ethics committees, both multi-centre and those in the universities have a history of disruption and discouragement for many aspects of research. As Alberti puts it in his paper relating to behaviour of ethics committee functions, 'idiosyncracies and obstructions to good research must be removed'. (2) Such language can only indicate experience of such impediments.

This concern is not new. In a paper by Savulescu et al, they conclude that there have been calls for many years for greater accountability of research ethics committees to justify their decisions, and especially their decisions actively to thwart what has subsequently turned out to be well designed, beneficial research. (3)

The one thing PCS is certain is that an independent 'ethics committee' would most likely be restrictive and myopic, possibly discouraging many sole practitioners of every generating case studies that will ultimately build on the body of clinical evidence of efficacy for the profession.

A more recent paper brings into question the underlying purpose of ethics committees and their imbedded bureaucracy, where it is observed that ethics committees are not about ethics at all. They are about university managers insuring themselves against risk - providing them with a defence that the research was 'approved'. (4)

PCS therefore strongly encourages the use of published guidelines, similar to CARE, perhaps expanded, that any practitioner considering generating such a very positive contribution, can view and consider in private. This approach seems far more constructive than facing the inconvenience, negativity and imbedded prejudices of a self opinionated, third party committee.

PCS looks forward to further publications in the Asia-Pacific Chiropractic Journal and we wish you the greatest of success.):

1. Schrag ZM. The case against ethics review in the social sciences, *Research Ethics*. 2011;7(4):120-31.
2. Alberti KGMM. Multicentre research ethics committees: has the cure been worse than the disease? *BMJ*. 2000;320(7243):1157-8.
3. Savulescu J, et al. Are research ethics committees behaving unethically? Some suggestions for improving performance and accountability. *BMJ*. 1996;313:1390-3.
4. Oslington P. Against research ethic committees. Oct 2019, Quillette. URL <https://quillette.com/2019/10/17/against-research-ethics-committees/>

Comment 1: *'Practitioners are registered providers with the entitlement to report their practice without oversight from any institution on the condition patient privacy is respected'* Singapore

Comment 2: *'Case reports do not require patient identification to be valid, but remain an important commentary on patient/practitioner experience for a wide range of conditions and symptoms for which patients seek chiropractic care. As such they contribute to the gathering of a*

body of evidence of effectiveness of chiropractic care, and guidance for more in-depth research.'
Melbourne

Comment 3: *'Ethics approval can only be granted by an institutional body and must be obtained whatever the cost to protect the public'* Toronto

Comment 4: *'For private practitioners in countries where there are no chiropractic colleges or university-based research departments, the field practitioner is the only source of chiropractic clinical-science going on in the country. These practitioners (on the front lines of the profession's growth around the world) require a journal that will accept their in-office clinical trials and other outcome studies for publication without approval from non-governmental and for-profit institutions based in other countries. Licensed and accredited chiropractors are trained to observe and quantify the unique clinical phenomena that they confront in these countries, and are the only ones who can initiate those preliminary forms of investigation (case studies and uncontrolled case-series reports) upon which more elaborate investigation often depends. Chiropractic clinicians are also the logical source of research personnel in chiropractic.*

Yet, in chiropractic an unfortunate separation is apparent between those who engage in scientific research and those who serve patients in the field. It's essential that the chiropractic profession around the world once again come to realise that the central issues for chiropractic research should be the questions that recur in the clinical practice of chiropractic.

Today, it is far too difficult and cumbersome to publish outcomes research in the profession's journals. The estrangement of the best field doctors from the profession's scribbling, university-bound mandarins can definitely be improved if the Asia-Pacific Chiropractic Journal removes the necessity of institutional review boards for publications of in-office clinical outcomes research. With an estimated 100,000 chiropractors practicing worldwide, the contribution of just one scientific paper per year by 10% of the profession in clinical practice would increase the rate of regular contributors to the biomedical database by 5,000% over 2019 levels, as well as making chiropractic a more formidable force in complementary and alternative medicine. A new peer-reviewed, indexed journal that is super-smooth, super-professional and made for easy and swift publication for the chiropractic practitioner will be an enormous boon for many of us who want to report on the realities of chiropractic practice with patients from around the world.' Makati

eMail your comment for inclusion

journal@apcj.net