



Misconduct Scenario Assignment

Group 6

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Assignment Acknowledgement

Al was not used in the completion of this assignment. The Turnitin score was 15%.

Author Contributions

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Question 1: What ethical issues can you identify here?

The conflicts of interest in this case are minimal. Our lab does not focus on a specific aspect of Indigenous health, and we are still in the primary stages of creating a study design; there is flexibility in how we choose to move forward. However, we may run into conflict if our research is being funded by an institution or a company that would like us to focus on diabetes research in particular, and we must consider the implications that may arise from a sudden switching of topics when it is possible that many of our lab employees took on their job positions because of their vested interest in diabetes research.

In this case, one of the primary ethical considerations we must heed is respecting community autonomy and preferences. The Indigenous community has expressed a clear preference for conducting research on a rare form of arthritis that has impacted their population for generations. Ignoring this preference in favour of pursuing diabetes research, despite its broader implications, would be both disrespectful and paternalistic. Such an approach would undermine the community's autonomy and right to self-determination which are ingrained in the United Nations (UN) Declaration of Rights for Indigenous People (Assembly, 2007; Roach & McMillan, 2022). When considering ethical research and self-determination, a fundamental principle is ensuring mutual benefit. To truly benefit the community, the research project must be relevant to the community's priorities and have implications that are valued in the eyes of the community (Assembly, 2007).

Further, we must consider two key pillars of medical ethics: beneficence and nonmaleficence. Although we may feel that diabetes is a pressing concern for Indigenous communities and that addressing this particular issue will benefit them at large, we need to honour and respect their communal autonomy to advocate for their own health needs; prioritizing what we believe to be most beneficial to the community may cause more harm than any good we intend to generate, and will directly contradict our desire for beneficence. The greatest source to learn about the needs of any given population is from members of those populations themselves, who have direct accounts of personal, lived experiences that attest to these needs. Establishing an open dialogue with the Indigenous Elders, wherein their needs are heard and full-heartedly attempted to be met, will ensure that our lab promotes equitable healthcare practices. Further, we acknowledge the background of eugenics that has been incorporated into studies on diabetes within Indigenous communities in the past, and we will work to unlearn any of these harmful beliefs that we may have propagated with our original study design.

Question 2: Would it be ethical if you abandoned the original project and focused on working with the community to start an arthritis study instead?

In our perspective abandoning the primary project and shifting focus to an arthritis-based study is ethical practice. There is an unfortunate chapter in Canadian history of medical abuse towards Indigenous communities in clinical studies, for example, forced skin grafts, deliberate malnourishment and more (Malone, 2021). Shockingly, this abuse is present in today's medical landscape, with forced sterilizations occurring as recently as 2021 (SenCanada, 2022). Considering this long-standing abuse, there is an understandable, deep mistrust rooted in intergenerational trauma. Switching to an arthritis study aligns with community-centred research which prioritizes the needs of the community through emphasizing relevant study outcomes (Assembly, 2007). Establishing a community-centred research approach is the first step toward an environment that fosters collaboration, equity and trust. Moreover, switching studies can

pave the path to future collaborations as the community's needs prioritized demonstrates respect.

According to Article 9.13, as outlined in TCPS2, the research should be relevant to the community's priorities and necessities wherever possible (Assembly, 2007). The research should aim to target direct benefits to the community. In this scenario, Indigenous people are a vulnerable population to type 2 diabetes, and hence including these populations in the diabetes research would be beneficial however, the research must be of benefit to the communities as well. Although important, genetic research on diabetes in an Indigenous community is not likely to generate short-term benefits, however collaborating with Indigenous communities can enhance topic knowledge. This collaboration results from increased trust which comes with proactively addressing the community's needs. Additionally, according to Canadian Institutes of Health Research (2018), cultural safety is a key component in defining Indigenous health research. Aspects of cultural safety are cultural humility, sensitivity and awareness in acknowledging relevant outcomes. If type 2 diabetes is not what is relevant to the community through their perspective, then out of respect for their sovereignty, the research topic should be targeting arthritis.

Although switching over projects is considered ethical in this case, it can prove to be a disservice to other partners and the Indigenous communities involved. Passion is an essential aspect of research, as it is a motivating factor that leads to accountability and proactivity. One method to offset such a dilemma is to find a common ground or link between type 2 diabetes and arthritis through a preliminary data assessment and speaking to the community to include either the diabetes or arthritis research as a sub-study for both short- and long-term impacts. However, we full-heartedly acknowledge the importance of the trust that the community Elders have placed within our lab, and we will work with them as patient-partners to nurture scientifically valid and culturally sensitive research going forward.

References

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