Human guinea pigs

A well-documented report examines clinical trials conducted outside Western countries, particularly in India, South Africa, China, Nigeria and Thailand. The authors reported numerous abuses, especially of an ethical nature, and list the reasons drug companies increasingly prefer to test their products in these countries, either directly or by proxy through so-called contract research organisations.

**Increasing number of trials in Asia, Africa and Latin America.** Clinical trials are cheaper to conduct in these countries, mainly due to more rapid patient recruitment. Indeed, patients are more numerous and it is easier to convince them to enrol in clinical trials, especially when it represents their only access to treatment. They also have more symptoms because they have not received treatment, and are also “treatment-naive” (with no other ongoing treatment), making trial results easier to interpret. They are also far less likely to drop out of ongoing trials, often because they are not even aware that this is an option. Trial results are therefore not weakened by large numbers of dropouts.

Finally, local authorities often see clinical trials as an opportunity to benefit financially.

**Universal standards of ethics.** Ethical issues are the same worldwide. And, in any given country, the fact that participants give their “informed consent” does not necessarily make the study ethical. Placebo-controlled trials of me-toos, for example, are inherently unethical, as some patients are deprived of an existing beneficial treatment.

One Indian commentator, enthusing over the economic activity that clinical trials represent for his country, revealingly declared: “Best of all, this is one sort of outsourcing which American workers aren’t likely to protest”.

This is regrettable, to say the least. Patients and healthcare professionals in industrialised countries should be sure that they are only using drugs that have been tested in trials meeting the highest ethical standards.