**Good intentions do not replace ethical conduct in research: violation of ethics in HIV-study in Kenya**

Joyce L Browne1\* & Menno R Smit2\*, Francis Angira3, Rieke van der Graaf4, Elizabeth A Bukusi5,6

\*Joint first authors

1 Julius Global Health, Julius Center for Health Sciences and Primary Care, University Medical Center Utrecht

2 Department of Clinical Sciences, Liverpool School of Tropical Medicine, Liverpool, United Kingdom

3 HIV Research Branch, Centre for Global Health Research, Kenya Medical Research Institute, Kisumu, Kenya

4 Department of Medical Humanities, Julius Center for Health Sciences and Primary Care, University Medical Center Utrecht, Utrecht, the Netherlands.

5 Center for Microbiology Research, Kenya Medical Research Institute, Nairobi, Kenya

6 Departments of Global Health and Obstetrics and Gynecology, University of Washington, Seattle, United States.

Disclaimer: The opinions expressed in this article are those of the authors and do not necessarily reflect the official view of their affiliated institutions.

The Dutch Disciplinary Tribunal officially ‘warned’ two Dutch physicians following their study with a Kenyan collaborator on the efficacy of the homeopathic substance Iquilai (‘a potentized mineral supplement’) in 228 HIV/AIDS patients in Kenya.1,2 The case was brought forward by the Dutch Health Inspectorate, who had launched an investigation into the practice of the two involved physicians. The Tribunal deemed the study incompatible with basic medical ethical principles for human subjects’ research, as laid down in the World Medical Association’s Declaration of Helsinki: the study lacked a proper study protocol, informed consent forms, risk assessment, and ethical approval.2,3

This case and its ruling are remarkable for at least two reasons. First, we appreciate the Tribunal’s recognition of previous jurisprudence that their mandate in oversight over Dutch doctors extends beyond the country’s borders. This strengthens the extent to which foreign physicians working in low resource countries can be held accountable for their actions.

Second, given the misconduct, the lack of a ‘reprimand’ seems mild. The Tribunal justified it’s ruling with the ‘good intentions’ of the involved researchers, and the assumptions that ‘patients were well informed’ and ‘were not exposed to health risks’. Although we cannot comment on the former, there was no evidence to substantiate the latter two considerations; consent forms were lacking and data collection was inconsistent. We strongly believe that for all research – and especially in low resource settings where institutional ethical safeguards may be limited or easier to circumvent – that the burden to understand and comply with ethical principles is on the researcher, whether foreign or local, all good intentions aside. Finally, research collaborators from low resource settings must also be held accountable and every opportunity seized to collaboratively strengthen institutional ethical protection systems in low resource settings.

References:

1. Aids Remedy Fund. Iquilai - homeopathic therapy for HIV/AIDS. Amsterdam, 2008. Available: <http://www.aidsremedyfund.org/docs/arf_info.pdf> (accessed 2 August 2017).
2. Dutch Disciplinary Tribunal decisions in cases C2017.044 and C2017.045. Available: [http://tuchtrecht.overheid.nl/nieuw/gezondheidszorg/uitspraak/2017/ECLI\_NL\_TGZCTG\_2017\_217](http://tuchtrecht.overheid.nl) and <http://tuchtrecht.overheid.nl/nieuw/gezondheidszorg/uitspraak/2017/ECLI_NL_TGZCTG_2017_224> (accessed 2 August 2017).
3. World Medical Association. Declaration of Helsinki: Ethical Principles for Medical Research Involving Human Subjects. Fortaleza, Brazil, October 2013. Available: <https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/> (accessed 2 August 2017).