

BROCK UNIVERSITY RESEARCH ETHICS BOARD
Wednesday, May 9, 2018
12:00 – 2:00 p.m.
PL 500A

Minutes of the SREB Meeting

Attendance

Michael Ashton
 Lynn Dempsey
 Ann-Marie DiBiase
 James Foley
 Christina Garchinski

Karen Julien
 Carly MaGee (non-voting)
 Mary-Beth Raddon
 Lori Walker (non-voting)

Regrets

Robyn Bourgeois
 Linda Morrice
 Miya Narushima
 Catherine Nash
 Robert Steinbauer
 Christine Tardif-Williams
 Kendra Thomson

MINUTES		
ITEM	DISCUSSION	ACTION
1	Motion to approve Agenda <ul style="list-style-type: none"> • Tabled as meeting did not have quorum Motion to approve April Decision Reports <ul style="list-style-type: none"> • Tabled as meeting did not have quorum Motion to approve April Minutes <ul style="list-style-type: none"> • Tabled as meeting did not have quorum 	Motion to approve: N/A Seconded: N/A Motion to approve: N/A Seconded: N/A Motion to approve: N/A Seconded: N/A
2	New Business Statement from the Chair on term completion	
3	Education Items Update from CAREB session on suicidality in research <ul style="list-style-type: none"> • CM provided a recap of the presentation provided at the CAREB conference by Wendy Loken Thornton (Department of Psychology, REB Chair, Simon Fraser University) titled "Suicidal Behaviour and Research Ethics." • The prevalence of suicide in Canada has increased with suicide prevention research being named a priority. • Non-suicidal self injury (NSSI) refers to the deliberate destruction of body tissue without suicidal intent. Rates of NSSI are the highest in adolescence, where samples report at least one episode in the past year. • In a study of members of 125 ethics committees on views/concerns regarding research on suicidal behaviours, 22% raised concerns regarding justification of research with potentially suicidal populations, stating that "these people need treatment first and foremost, not study." The board discussed how this violates the principle of justice by not allowing these individuals to have autonomy in decision making. • This continues to contribute to the lack of research on suicide prevention and has led to unrepresentative 	

		<p>samples (given clinical research commonly excludes participants with a history of suicide attempt/suicidal ideation).</p> <ul style="list-style-type: none"> • 65% of REB/IRBs raised concerns that suicidality might be exacerbated by bringing up suicidal thoughts and feelings or revisiting stressful material. It was discussed how this further perpetuates the stigma associated with suicidality and is in fact, inaccurate. There is no evidence that asking about suicidal thoughts and behaviors increases risk for suicide. On the contrary, such questions have been associated with a decrease in suicidality, with no increase in distress. There is also no evidence to suggest that asking about suicidal thoughts and behaviours increases risk for NSSI. • 47% of REB/IRBs proposed that determining competency of suicidal participants was ethically problematic. It was discussed that by making this claim, we would be saying that being suicidal is equivalent to being incompetence. REB/IRBs also felt that major depression may impact comprehension, which may make participants susceptible to coercion. • Research has shown that the majority of people with major mental illness (e.g., Schizophrenia) are able to understand consent procedures. Over 90% of those with major depression have demonstrated full comprehension. It was acknowledged however that comprehension may wax and wane with symptom severity, so it is important for researchers to manage this with ongoing consent. • The board was asked to consider: Are studies with suicidal participants always above minimal risk? • Implications for REBs/IRBs were discussed: <ul style="list-style-type: none"> ○ How can we manage risk without placing undue burden on researchers? We need appropriate mental health professionals involved while avoiding dual roles. ○ In terms of randomized clinical trials, industry tends to exclude suicidal participants. REBs should consider, what if there is no established “standard of care” due to lack of research with suicidal participants? ○ What should we look for in a comprehensive risk assessment/management protocol? UWRAP was given as an example for REBs to consider. This is a structured wrap-around method for assessment and managing suicide risk with individuals who are not currently in treatment or not in treatment with person conducting the assessment. • Recommendations for researchers were discussed: <ul style="list-style-type: none"> ○ Include list of available resources so all participants leave with more knowledge and therefore better off than when they arrived. ○ For both identifiable and anonymous participants include coping questionnaire that 	
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		<p>lists potential coping methods, have the participant check the ones they use.</p> <ul style="list-style-type: none"> ○ If distressed later, they are primed of their favorite coping methods. ○ Provide clear detail in protocol re: what will be considered an AE/SAE. <p>Discussion on article: “Trauma and Sex Surveys Meet Minimal Risk Standards: Implications for Institutional Review Boards”</p> <ul style="list-style-type: none"> • Discussion was tabled until the June meeting to allow for more members to contribute to the conversation (as current meeting did not have quorum). 	
4	Business Items	<p>Discussion on clarifications/reviews from members</p> <p>Senate Updates</p> <ul style="list-style-type: none"> • Michelle McGinn has been appointed Interim AVPR. • Animal Care is undergoing a restructure. • The RCR policy has been approved by Senate. • The REB Appeal Committee has been approved by Senate. The Board would like this process document brought to them at the next meeting. • Research using commercial stem cells (CTC): The Secretariat’s stance so far is that CTC research needs REB review but REBs can review approve commercial company processes and practices to simplify the research review process. Final statements still pending. <p>New Chair</p> <ul style="list-style-type: none"> • LW informed the Board that the current Chair’s term is complete June 30, 2018. SREB is looking for a new Chair to begin a 2-year term beginning July 1, 2018. The option of co-Chairs was also put forward for consideration. 	<ul style="list-style-type: none"> • GPPC to revise REB compliance process. • Office will circulate Appeal process. • Researcher education needed on commercial stem cell use.
5	Adjourn	Meeting adjourned at 1:27 p.m.	<p>Motion to adjourn: N/A</p> <p>Seconded: N/A</p>