

# Dignity of persons in clinical research

## La dignidad de las personas en las investigaciones clínicas

**Rafael Bustos Saldaña\***  
Universidad de Guadalajara, Mexico

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### Abstract

The purpose of science is to achieve a knowledge of reality for the adequate transformation of man and his environment. Clinical research is aimed at using human beings or their derivatives as part of the knowledge to prevent, diagnose or treat diseases. All studies carried out on people must consider their dignity in the very conception of the projects, so it is essential that their human rights be respected. Bioethics, being a discipline that is established as a protector of people and their environment, must safeguard the dignity of the participants.

*Keywords:* human dignity, clinical research, bioethics.

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\* Coordinator of Medical Specialties, Centro Universitario del Sur, Universidad de Guadalajara. E-mail: [rafaelb@cusur.udg.mx](mailto:rafaelb@cusur.udg.mx) <https://orcid.org/0000-0001-8357-3610>  
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## 1. Introduction

The objective of scientific research is to achieve an impartial and true knowledge of the surrounding reality to guide it in favor of the transformation of man and his environment. In this way, safe and reliable information will be obtained to understand, correct, verify or apply an understanding or judgment (by means of a controlled, critical and systematic reflexive process) in the discovery of new facts, relations and laws (1).

The development of progress has caused changes in the perspectives of research (mainly clinical) to be presented in an accelerated manner, with sometimes unforeseeable consequences, which has resulted in an authentic ethical and legal revolution that in some cases is difficult to specify (2).

In every project carried out, the protection of life, health, integrity, self-determination, privacy and confidentiality of the participants and their responsibility must be considered (3,4). The goal of all clinical research is to respect human rights and human dignity (5).

Clinical research should be based on basic knowledge of biology, physiology, medicine and ethics to improve the understanding of patients' health-disease processes (4). In the case of the disease itself, it constitutes an existential and biological twist for people; therefore, research should have a comprehensive understanding of the act of contracting and caring for them. Most of these studies (as the frequent activities of medicine in general) are influenced by techniques that lead to base practices exclusively on objective facts, leaving behind the subjective perceptions of the integral understanding of the disease processes that not only affect the physical body but the totality of people (6).

Bioethics is closely linked to clinical research to contribute to the development of humanity and is based on the moral values of individuals. If ethical values were appreciated in the same way as scientific-methodological values, studies would have to be re-evaluated for the impact they have on people (7). Thus, the conception of

bioethics in research should provide protection for the primordial value of human dignity (8).

This framework makes it clear that the human being is the fundamental component of clinical research, so that his or her freedom, respect, integrity and fair treatment without discrimination constitutes the dignity of persons, which substantially increases the value of the knowledge obtained from them.

## 2. Person and dignity

To speak of dignity in persons, its concept must first be explained through several approaches:

1. Etymologically, it comes from the Latin “actor’s mask”, theatrical character or personality (9).
2. The concept of dignity is associated with the human when it has been given a privileged place in nature (for either mythical reasons or linked to theological conceptions of godlikeness) (10).
3. From the ethical point of view, the person can be conceived in the personalist current as that living human being that, beyond its individualistic structure, presents a social and communitarian openness in its development dynamics. In this way, gives meaning to the world in its relationships and actions, both in its foundations and in its ethical criteria (11), so that the person is a being with other beings and not a totally isolated being (2,12).
4. Legally, people can be considered as independent entities with capacities that begin at birth and end at death; therefore, every person is a human being and has the right to life and dignity (13).

This person is an individual who possesses a superior cognitive capacity, not only about himself, but also about his surroundings, both

in the present, past and most probably in the future, considering himself as a persistent, constant and unique subject throughout his life (14). It is not possible to conceive of treating a person without considering the rights entailed by the dignity he represents by his nature and being.

Dignity could be considered as a principle bearing social and individual values and rights of men, which make the person more than an object, affirming his social relations among human beings and reaffirming his autonomy (15). In this sense, society has the obligation to respect the dignity of everyone that forms the society it governs.

Currently, and specifically at the level of clinical research, the notion of dignity of persons plays a double role in its conformation:

1. On the one hand, it is an inherent quality presented as a global foundation of human rights.
2. On the other hand, it is a vision of autonomy (16) and respect in the self-determination of individuals for the development of their personality, which is limited by their general interest relationship. This means that dignity not only adds to human rights, but also is the source of these (17).

It should be noted that dignity has two types of conceptions:

- a) From a political-legal principle: with an abstract and general character, it refers to the inherent value that must be recognized in the human being by society.
- b) Moral character: because individuals embody a specific vision as persons, with the conscience that each one has of the subjects and not merely as an object, so that their attitudes and behavior must be respected (17).

Man is worthy as such, not only as a basis for legislation but also in his bodily nature, with or without rationality expressed in his body (ontological dignity), with his own free behavior to the extent of the essence of being human (moral dignity), before the enjoyment of

their physical and psychological capacities that develop their personality, under norms and rights that regulate their behavior (legal dignity) (18).

This conception of dignity in people is fundamental to consider in research studies, first, to preserve their inalienable human rights of respect for the life of the human being and above all in the holistic conception of the individuals who are going to participate.

### **3. Dignity and axiological values**

The principle of dignity in persons in scientific research studies has a reference within the axiological framework of international bioethics, rights, guarantees and constitutional and doctrinal legislations in order not to violate their conceptions as human beings (19).

The relevant values of dignity are based on its sanctity, freedom, responsibility, duty and service to one's fellow human beings. Moreover, a person's health and well-being are essential to live as full a life as possible (20).

Dignity is a sum of values that constitute persons and distinguish them from other living beings, which can confer social goods (12). It is an absolute right that is supported by the values of freedom, justice, peace, honor, respect for property and security, so that both the powerful and the miserable should be protected in their rights (21).

It would not be possible to conceive the dignity of people without their freedom, to unleash their intellectual and physical potentials in their cultural and social coexistence and in terms of education, justice, peace and other values granted by the state. It is a sovereignty without pressure or conditioning of each person over his life and behavior. However, this freedom is conditioned to the responsibility of individuals, the duties and rights of their existence (12). Respect for oneself and for others is preponderant and is established when the human being must be treated as such and not seen from the point of utilitarianism. On the other hand, respect must also be included in

the fulfillment of basic human needs according to their biological context, so that men are aware of themselves (12), as a psychic maturation that translates into considerations to others, with tolerance, composure and waiting capacity to regulate the behavior of human beings (22).

Justice in dignity is related to the public and private context of each person, both commutatively and distributive and unquestionably legal. Every person has the right to social security, to the satisfaction of his economic, social and cultural rights indispensable for his dignity and the development of his personality (12,23,24). Dignity must be inherent to justice, which generates respect, openness, gratitude, gentleness and helpfulness.

The honor is determined by the moral authority to be considered socially as examples of the community and deserves esteem and recognition (12). On multiple occasions, honor has evolved to be esteemed as a representation of dignity for the achievement of identity recognition claims (25).

From the axiological point of view of dignity, this should be considered as the supreme value that individuals have, which provides them with the rights of freedom, justice, peace, honor and autonomy necessary for this subject to be part of the research on his person and on his health-disease data.

#### **4. Dignity and human rights**

Dignity is not only a principle or a constitutional value, but it should also be considered as the cornerstone of people's lives and a fundamental right. This principle is a parameter of the activity of society as an open concept based on criteria, instruments and patterns of interpretation in favor of individuals (26,27). Dignity should be considered as the power of individuals to act autonomously, with the right to create conditions to favor the development of their personality, but also as a restriction in the relations of individual freedom conditioned to general reasons (27).

Dignity in human rights is historically conferred as a juridical expression to allow and guarantee their respect not only because of their condition of living being, but also because of their nature or their own characteristics (28).

We could establish indispensable human rights for clinical research, such as the following:

1. Right to health: the International Covenant on Economic, Social and Cultural Rights establishes that it is the right of all persons to the enjoyment of the highest attainable standard of physical and mental health (29-31).
2. Freedom: this entails control over one's health and body (including reproductive and sexual freedom) and the right to be free from torture, non-consensual medical treatment or experimentation (8,30).
3. Access to health: considers the obligation to achieve the recovery of the quality of life and to prevent diseases, therefore, a health care system must be established with adequate and continuous access for people, regardless of social stratum or cultural level (32).
4. To physical and psychological integrity: they correspond to the corporeal fullness of people; therefore, every person should be subject to protection against aggressions that may affect them (39). The loss of physical or psychological integrity encompasses their autonomy because it prevents them from acting with a complete or intact human being (33).
5. Right to life: it is fundamentally based on the right to live or continue to live, to live well or with dignity, to receive the minimum necessary to not die immediately and not to be killed arbitrarily or not arbitrarily (8,34-36).
6. Right not to be tortured or subjected to inhuman treatment: the affection to human dignity can be covered from different acts, whether torture or acts called cruel, inhuman or degrading (36-37).

Law and bioethics must be considered to keep in mind the vulnerability of people when they are involved in research relationships (38).

Human rights focused on the integrity and dignity of persons emphasize the need to see each person as the central core of research and not to obtain knowledge. Research studies should not be conceived where the subjects are objects of study and are not conscious and valid active subjects from whom benefit is obtained.

## 5. Dignity in clinical research

It can be established that all ethical regulations and norms are carried out to protect the values of respect and dignity of the participants in research studies, safeguarding their human rights (39,40).

Although dignity has been considered as a futile concept that should only be linked to the autonomy of research participants, claiming that if we were to eliminate the reason for which we would consider each of them (due to loss of physical or mental aptitudes), their dignity would disappear and, therefore, their autonomy would lose its justification (41). Undoubtedly, the self-determination of persons constitutes a key element to ensure their dignity, but the latter must be conceptualized from a much broader point of view, as a source of human rights in persons, the result of the exercise of their intelligence, free will, and capacity for self-pity, expression of their ethical and moral values (17). This autonomy must be freely exercised to accept or reject any form of participation in research studies (42).

Respect for human dignity implies balancing scientific freedom with the autonomy and well-being of the people who participate in research (17).

The dignified treatment of the participant is not only conditioned to the research activity itself, but the physical environment, the attitude of the participants, the behavior of the personnel, the



culture of the people and, above all, the independence that the individuals may have (43).

In clinical research, the rights of patients should be preserved as best as possible, in order to provide them, as far as possible, with the basic individual guarantees of health, integrity, respect for life, and non-inhumane treatment. Participants in research studies should be guaranteed dignified treatment of their person and belongings.

## **6. Dignity in clinical research through the principlism approach**

The principlism trend, which began with the introduction of the Belmont report (44,51), has sought to preserve the dignity of the participants in clinical research. The use of the four principles of bioethics (principlism approach) in any type of clinical research is indisputable (45):

1. The term autonomy should be used for self-determination, freedom to use rights, self-government and adequate care of the health and free will of individuals (46) which is related to respect, privacy, information and autonomy of the patient (47,48).

Autonomy is considered a primary need, which is carried out through free and informed consent on the part of individuals. Where their authorization is required to participate, with accessible language, through a clear exposition of the existing alternative methods, inconvenience, benefits and risks, guarantee of confidentiality, privacy and secrecy, as well as the freedom to withdraw at any time without penalty or reprisals (49-51). The individual who participates in any research work must comply with three conditions: absence of external control (manipulation, coercion or persuasion), intentionality (when wanted or desired) and knowledge (understanding or comprehension of the appropriate and complete action), which constitutes the principle of autonomy (52). In addition, individuals should be given recognition so that they can suspend their activity at any

time and protect themselves when they present diminished capacity to make decisions (53).

2. The principle of beneficence: beneficence must be ensured over both physical and psychosocial risks (52-54). There will always be controversy in clinical research between accessing the benefits and protecting the risks of these studies. Researchers should have a better understanding of the benefits before asking people to participate under two criteria: a) they will benefit from the resulting knowledge or, b) they understand and accept its benefit and risk (55).

3. The principle of non-maleficence will try not to harm people, seeking the least possible risks for its execution (52). If there are unacceptable risks of any kind or invasion of privacy, alternative ways of answering the research questions should be sought (50-51,53). The risk-benefit analysis is the main responsibility of research work from the ethical point of view.

4. The principle of justice is realized when identifying, what is fair and correct in the groups that need to be investigated and not using vulnerable populations without benefit for them. In addition, equity will be sought in the distribution of research resources (49,52).

The principle of justice is based on the balance between the demand for benefit and protection against improper activities. Justice must be evaluated from two perspectives: a) social (distinction between the classes of subjects who should or should not participate, the capacity of their members and the possibility of receiving such activities) and b) individual (fairness about benefits and risks), as in the case of vulnerable groups, so that the selection of subjects must be equitable. On the other hand, an understanding of the balance of direct or indirect benefit on the vulnerability of the participants and their risk is required. Fairness must be present in the access of individuals when there is a direct benefit to them, to ensure that the resulting information is not only restricted in its application but also beneficial to society (51,54,55).

Most likely, an analysis of each of the principles will affect more than one question in the development of any clinical research.

There are additional principles that are considered in the research process: protection of health, welfare and respect for populations and the right to self-determination, protection of vulnerable populations and equitable distribution of benefits (32,56).

The principlism approach instituted since the Belmont Report (44) was originated as a response to the dignified treatment that should prevail in clinical research participants. This report and later the expansion to the 4 basic principles, protect people by giving preponderance to their autonomy as human beings, to preserve justice in the fairness of activities and charity, placing the participants as the purpose of improvement and pointing out the non-maleficence as an event that, if sometimes it cannot be separated from the studies, is appropriately weighted in the risk benefit of each one.

## **7. International Standards Protecting the Dignity of Clinical Research Participants**

International regulations seek to support the dignity of participants in various bioethical approaches. The main agreements, guidelines, conventions and conferences highlighting the importance of the dignity of clinical research participants are listed below.

- I. Universal Declaration of Human Rights: fundamentally mentions respect, freedom, justice and peace based on the inherent dignity and the inalienable and equal rights of human beings (57).
- II. The agreements of the Nuremberg Code initiate the preponderance of individuals over research, emphasizing their autonomy, the value of beneficence in studies and the intervention of risk (58).
- III. The Declaration of Helsinki and its subsequent amendments highlight the concern for individuals over the interests of society and science, protecting privacy, life, health and, above all, their dignity (59).

- IV. The Good Clinical Practice guidelines mention the importance of benefits and non-maleficence, the rights of safety, well-being and autonomy of the participants, their privacy and confidentiality (60).
- V. The Belmont Report, which constitutes a cut-off point in the evaluation of research by establishing the three fundamental principles (autonomy, beneficence and justice) that should prevail in any study (44).
- VI. A year later, with the publication of Beauchamp and Childress on the principles of medical bioethics, in which non-maleficence is added, separating it from the principle of beneficence (61).
- VII. The Oviedo Convention on human rights and biomedicine was drawn up to regulate the advances of the latter for the benefit of the participants in the studies, mainly concerning the human genome, the dignity of the human being, respect for privacy and experimentation on embryos, and establishes the objective of protecting the dignity and identity of persons (62).
- VIII. The International Conference on Harmonization for Good Clinical Practices (63) establishes the rights, safety and good performance in research, aiming at the welfare of the participants over the interests of science or society.
- IX. The Barcelona Declaration highlights the European position, giving importance to autonomy, dignity, integrity and vulnerability within the framework of responsibility and solidarity (64).
- X. The additional protocol to the Convention on Human Rights and Biomedicine concerning biomedical research, highlighting the purpose of research on human beings, its benefits and risks, the scientific quality of the project, information to participants, informed consent and autonomy, authorization of information, safety and supervision. It establishes that the objective of research regulations shall be to protect the dignity and identity of persons with respect to their integrity and relevant freedoms (65).

- XI. The ethical guidelines of conduct in human research (66) establish the importance of beneficence and non-maleficence, autonomy and justice among participants; emphasis is placed on the process of selection of individuals, compensation, justification of placebos, information, privacy and confidentiality of participants, statistical analysis plans and reports, and criteria for termination of participation in the project.
- XII. The Declaration of Taipei makes considerations on databases and biobanks, highlights the autonomy, privacy and confidentiality of individuals, where researchers have the legal and ethical obligation to protect them (67).
- XIII. The guidelines of the Council for International Organizations of Medical Sciences for research on human beings based mainly on scientific and social value, respect for human rights, scientific validity, equitable distribution of benefits in the choice of individuals, potential risks and harms in the studies, as well as informed consent as part of the autonomy of the participants (68,69).
- XIV. The Global Code of Conduct for research in resource-poor settings, which emphasizes the importance of the benefit to the community, the impact it, has on its environment and its autonomy (70).
- XV. The agreements reached in the Declaration of Helsinki and its subsequent amendments establish the normativity of physicians to consider current international ethical, legal and juridical standards. The benefit and harm to participants, vulnerable groups and the way in which the protocols refer to the main ethical characteristics referred to are highlighted (59).

## 8. Conclusions

For the future of medical knowledge, it is essential to continue conducting competent clinical research both from the methodological point of view and about the support of bioethical concepts.

The person is the central part of clinical research, it is not possible to think from the bioethical point of view to carry it out without considering his/her dignity as an indispensable part of its execution.

Throughout history and especially nowadays, the failure to consider the dignity of persons has brought immense harm to human beings in research. This lack of dignity in studies has caused many people to have negative repercussions on their body, mind and everything related to their existence.

At the international level, there are norms and regulations that protect the dignified treatment of people; it is the duty of the researcher, the work and research center, the institutions and the government, to respect these laws in order to protect individuals who aspire to participate in clinical research. In them, it must be considered that people are the end and not the means to achieve the expected technological advances. Respecting the dignity of individuals in clinical studies is a central part of this, so respecting it means that research must be integral and contribute to the progress of science in a holistic manner.

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