

## HRA Ethics Guidance

# Payments and Incentives in Research

## 1. Background

- 1.1 This guidance has been developed by the National Research Ethics Advisors' Panel ([NREAP](#)). NREAP has previously endorsed guidance developed by the Phase 1 Advisory Group on '[payments and incentives in phase I studies](#)'. This document incorporates that guidance ([Annex 1](#)) and provides general guidance on 'payments and incentives' that goes beyond phase 1 studies and encompasses the issue of payments to patients and healthy volunteers in both therapeutic and non-therapeutic research. NREAP are grateful to attendees at the NREAP/Chairs Network Meetings for their comments on earlier versions of this guidance.

## 2. Coercion and Undue Inducements

- 2.1 The terms “coercion” and “undue inducement” are routinely used by RECs during the course of their ethical review but there is a tendency for these to be applied inconsistently and interchangeably with insufficient regard for the subtly different ethical concerns that underlie each term. The following are considered to be useful definitions and have been used in this guidance:

**Coercion:** “...is paradigmatically a case of the denial of autonomy, since it consists in the deliberate imposition of one person's will on another. However, coercion usually takes the form of threats, which restrict people's options. Inducements are offers, not threats and they expand people's options”<sup>1</sup>

**Undue inducements:** “...are excessively attractive offers that lead people to do something to which they would normally have real objections based on risk or other fundamental values.”<sup>2</sup>

## 3. Payments, Risks and Burdens

- 3.1 There are differences of opinion amongst some academics and RECs over whether it is ever acceptable to pay research participants in relation to the level of risk involved in research. Whilst NREAP has previously endorsed the position taken by the HRA's Phase I Advisory Group that “*payments made to participants in phase I trials must never be related to risk*” the panel sympathises with the view that not to allow payments on the basis of risk would be unduly paternalistic in the absence of evidence that the participants' ability to provide valid consent would be compromised.<sup>3,4</sup>

<sup>1</sup> Wilkinson M., Moore A. Inducement in research. *Bioethics* 1997;11: 373–89

<sup>2</sup> Dickert, Neal (2004) “Payment, Coercion, and Undue Inducement” PowerPoint presentation: <http://www.bioethics.nih.gov/primr/dickert.ppt.ppt>

<sup>3</sup> Jones, E. & Liddell, K. [Should healthy volunteers be paid according to risk Yes.](#) *BMJ* 2009;339:b4142



- 3.2** The Governance Arrangements for NHS Research Ethics Committees (GAfREC) require RECs “to be assured that any anticipated risks, burdens or intrusions will be minimised for the people taking part in the research and are justified by the expected benefits for the participants or for science and society”.<sup>5</sup>
- 3.3** In the context of ethically approved research, normally involving only minimal anticipated risks or risks justified by the expected benefits, discussion of payment for “risk” may be considered largely irrelevant.
- 3.4** Where payment is proposed, the REC should consider whether the payment is proportionate to the “burden” imposed by the research. Such burdens may often be significant without involving excessive risk e.g. number of hospital visits, tissue samples taken, lifestyle restrictions, diaries, questionnaires etc.
- 3.5** RECs should only approve research projects where they are assured that any anticipated risks, burdens or intrusions will be minimised and are justified by the expected benefits (other than the benefit of payment) for the participants or for science and society. Such risks, burdens and benefits should be clearly described in the participant information sheet.
- 3.6** RECs should always consider the acceptability or otherwise of the payments proposed but should not suggest or insist upon an increase in the level of payments offered unless this is to remedy an unjustifiable difference in payment to participants within the same study.
- 3.7** Where the risk and burdens of the research are considered by a REC to be justified by the potential benefits then it will normally be acceptable for competent adults to participate in the research study without being paid (including reimbursement of expenses).
- 3.8** Where it is considered ethically acceptable for individuals to take part in a study for no payment it would also be acceptable to pay individuals for participation in that study proportionate to the level of burdens involved and/or (justified) risk.
- 3.9** Financial or other incentives, of themselves, are not considered coercive nor present an *undue* inducement to a potential participant where the risks and burdens involved are those that a competent, adult participant might reasonably accept for no payment.

## **4. Payment to Patients: Non-therapeutic Research**

- 4.1** Where patients are invited to take part in non-therapeutic research as 'patient volunteers' (i.e. they do not have the disease that is a target of the research) they should be treated as "healthy volunteers" with regards payment.

## **5. Payment to Patients: Therapeutic Research**

- 5.1** The ethical argument against the payment of patients to take part in research is generally thought to derive from the assertion that patients are particularly vulnerable, susceptible to therapeutic misconception and subject to an imbalance of power that can exist between the patient and those providing their care, particularly if the healthcare

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<sup>4</sup> Wilkinson & Moore op. cit.

<sup>5</sup> [Governance Arrangements for NHS Research Ethics Committees](#) (GAfREC) Harmonised edition (September 2011)



professional is also involved in the research. In addition, patients often derive medical benefit in a way that healthy volunteers/patient volunteers do not.<sup>6</sup>

**5.2 Payments to patients, in addition to reimbursement, for taking part in therapeutic research are permissible.** Such payments may serve to reduce the possibility of therapeutic misconception by highlighting that patients are being asked to take part in a research project rather than receive clinical treatment.<sup>7</sup>

**5.3** Payment may also serve to reduce the imbalance of power by making the patient's participation seem less like a "favour" that is being asked of them by the healthcare professional/researcher.<sup>8</sup>

**5.4** The pragmatic argument that offering payment, as an incentive, is simply unnecessary as patients are already well disposed to participate does not necessarily make payment unethical. Indeed, given that healthy volunteers and patient volunteers may be paid to take part in research it would seem unfair not to pay patients asked to make a similar research contribution. Furthermore, the possibility that patients might benefit from the research intervention itself does not necessitate that they be barred from receiving actual, additional benefits such as payment, or that these additional benefits would be coercive or constitute an undue inducement.

## 6. Payment to People Who Use Drugs (PWUDs) To Take Part in Research

**6.1** RECs often have understandable concerns that cash payments to people who use drugs to reimburse research participation will facilitate their drug purchases. This has led many RECs to prefer vouchers as an alternative to cash payments in this group. However, such approaches have been denounced by drug user advocacy groups as discriminatory<sup>9</sup>. In addition, there is evidence that payment for participation in research does not promote the purchase of drugs nor lead to relapse<sup>10, 11, 12, 13, 14</sup> and can enhance recruitment<sup>10</sup>.

**6.2 In the absence of evidence to the contrary people who use drugs (PWUDs) should be assumed to be autonomous individuals able to make their own decisions about taking part in research and should not be treated differently to other participants in terms of payment for their participation.**

<sup>6</sup> Dickert, Neal, and Christine Grady (1999): "What's the price of a research subject? Approaches to payment for research participation." *New England Journal of Medicine*, 341(3):198.

<sup>7</sup> This statement is in line with The Royal College of Physicians' ['Guidelines on the practice of ethics committees in medical research with human participants \(Fourth edition\)'](#): "10.17 ...Payment may help patients distinguish procedures that are done purely for research purposes from those done for their benefit, thus minimising vulnerability due to 'therapeutic misconception'"

<sup>8</sup> Dickert & Grady, *op. cit.*

<sup>9</sup> Australian Injecting and Illicit Drug Users League (AIVL). [National Statement on ethical issues for research involving injecting/illicit drug users](#). Canberra: Australian Injecting and Illicit Drug Users League (AIVL), 2003.

<sup>10</sup> Festinger DS, Marlowe DB, Croft JR, et al. Do research payments precipitate drug use or coerce participation? *Drug Alcohol Depend* 2005;78:275–81.

<sup>11</sup> Festinger DS, Marlowe DB, Dugosh KL, et al. Higher magnitude cash payments improve research follow-up rates without increasing drug use or perceived coercion. *Drug Alcohol Depend* 2008;98:128–35.

<sup>12</sup> Slomka J, McCurdy S, Ratliff EA, et al. Perceptions of financial payment for research participation among African-American drug users in HIV studies. *J Gen Intern Med* 2007;22:403–1409.

<sup>13</sup> Dempsey JP, Back SE, Waldrop AE, et al. The influence of monetary compensation on relapse among addicted participants: empirical versus anecdotal evidence. *Am J Addict* 2008;17:488–90.

<sup>14</sup> Topp L, Islam MM, Day CA. Relative efficacy of cash versus vouchers in engaging opioid substitution treatment clients in survey-based research. *Journal of Medical Ethics*. 2012 Dec; <http://dx.doi.org/10.1136/medethics-2012-100884>



- 6.3 Where payment is deemed to be acceptable for taking part in research it is acceptable for that payment to be made in cash. Whilst vouchers (or other non-cash payments) may also be used, a REC should not normally insist upon the use of vouchers (or other non-cash payments) for participants who use drugs where cash payments are proposed by researchers.

## 7. Payments to Children and Incapacitated Adults

- 7.1 The [Medicines for Human Use \(Clinical Trials\) Regulations \(2004\)](#) explicitly prohibit the giving of incentives or financial inducements (except provision for compensation in the event of injury or loss<sup>15</sup>) to children (under 16 years of age), incapacitated adults or their parents/legal representatives to participate in clinical trials of investigational medicinal products (CTIMPS).<sup>16</sup>
- 7.2 For other (non-CTIMP) research involving children the Royal College of Paediatrics, Child Health: Ethics Advisory Committee "[Guidelines for the ethical conduct of medical research involving children](#)" (2000) similarly state that researchers must "*offer families no financial inducement, although expenses should be paid*".
- 7.3 The MRC ethics guide "[Medical research involving adults who cannot consent](#)" (2007) notes that, whilst incentives or financial inducements should not be used, "*MRC policy is that, as in other research, payment of legitimate expenses of participants or representatives directly related to participation in the trial is generally considered acceptable.*"

## 8. Presentation of Precedents to RECs

- 8.1 Where it is acceptable to pay participants in excess of expenses, then where similar ethically approved studies have been conducted previously it is recommended that applicants clearly indicate this along with the amounts paid to the participants in these studies. Applicants should also present a justification for the proposed payments including a detailed description of how they have been calculated.
- 8.2 RECs should consider both the justification and the stated precedents presented to them. If the committee requests any changes to the proposed payments, as part of their opinion, they should give clear reasons and, where appropriate, references to any published guidance used to reach this decision.

## 9. Pro Rata Payments/Completion Bonuses

- 9.1 Completion bonuses or full payment only upon successful completion of the study procedures should not normally be permitted. Pro rata payments should always be offered to participants based on the amount of time completed or number of research procedures undertaken unless robust justification (e.g. methodological reasons) can be provided for not doing so. Such payments should be detailed in the participant information sheet.

<sup>15</sup> Compensation in the event of loss includes expenses and loss of earnings related to the participation in the clinical trial.

<sup>16</sup> The same provisions with regards payments and incentives to minors and incapacitated adults are included in the forthcoming EU Clinical Trials Regulation (adopted by both the [EU parliament and Council](#) in April 2014 and expected to come into force in 2016). **N.B. the EU Regulation extends this provision to include clinical trials involving pregnant and breastfeeding women.**



## NREAP Guidance: Payments and Incentives

### **Generic advertisements:**

Payments made to participants in phase I trials must never be related to risk.

Payment amounts can be detailed in generic advertisements in the form of a daily rate (in this context the term "daily" refers to a 24-hour period). A minimum daily rate should be used in all generic advertisements and stated as being "from £X". The group recommends that the minimum amount to be stated is £100. Therefore, generic advertisements should not normally give a range but instead solely state that the payment amount would be "from £100". (This minimum amount would need to be regularly reviewed to ensure its continuing relevance).

### **Study specific advertisements:**

The group agreed that specific payment amounts could be used in the context of study specific advertising. Such specific amounts should be backed up with clear reasons in any submission to an ethics committee clearly explaining how the amount had been calculated.

Payment amount should be discreet and not prominent within the advertisement i.e. it should not be the headline or very first line of the advert.

### **Terminology:**

The terminology proposed by the Nuffield Council on Bioethics in their report "Donation - Human bodies: donation for medicine and research (October 2011)"<sup>17</sup> should be used in any advertising materials. i.e.:

**Payment:** a generic term covering all kinds of transactions involving money, and goods with monetary value, whether those transactions are understood as recompense, reward or purchases.

**Recompense:** payment to a person in recognition of losses they have incurred, material or otherwise. This may take the form of the reimbursement of direct financial expenses incurred in donating bodily material (such as train fares and lost earnings); or compensation for non-financial losses (such as inconvenience, discomfort and time).

**Reward:** material advantage gained by a person as a result of donating bodily material, that goes beyond 'recompensing' the person for the losses they incurred in donating. If reward is calculated as a wage or equivalent it becomes remuneration.

**Purchase:** payment in direct exchange for a 'thing' (e.g. a certain amount for a kidney, or per egg)<sup>18</sup>.

<sup>17</sup> <http://www.nuffieldbioethics.org/donation>

<sup>18</sup> Donation - Human bodies: donation for medicine and research (October 2011), p. 2 para. 7

