

Respect for Persons

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Abstract and Keywords

This chapter explores the foundation and content of the duty to respect persons. The authors argue that it is best understood as a duty to recognize people's rights. Respect for persons therefore has specific implications for how competent and non-competent persons ought to be treated in research. For competent persons it underlies the obligation to obtain consent to many research procedures. The chapter gives an analysis of the requirements for obtaining valid consent. It then considers respect for persons as it relates to four common topics: the therapeutic misconception, research with children and adolescents, the use of deception in research, and research on competent adults without their consent.

Keywords: respect, person, research ethics, consent, rights, competence, therapeutic misconception, deception

Theory

Introduction

"Respect for persons" is widely regarded as a foundational ethical principle for research ethics.¹ Core guidance documents for research ethics in multiple countries—including the United States, Canada, and South Africa—explicitly cite "respect for persons" as one of the small set of ethical principles that underlie their regulations and guidelines (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research 1978; Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, and Social Sciences and Humanities Research Council 2018; South Africa Department of Health 2015). In this chapter, we explore the foundation and content of the duty to respect persons in the context of human subjects research.

We begin with a brief analysis of the two key terms: "respect" and "persons." After surveying some prominent accounts of each, we propose that respect for persons in research is best understood as a form of recognition respect for rights-holders. One important role for respect for persons is that it grounds the requirement to obtain consent from au-

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onomous research participants. We analyze the conditions under which someone can exercise their autonomy rights to give valid consent. We then briefly illustrate some important theoretical aspects of respect for persons by applying our analysis to four perennial topics in research ethics: (1) research with people at risk for a therapeutic misconception, (2) research with children and adolescents, (3) the use of deception in research, and (4) conducting research on competent adults *without* obtaining their consent.

“Respect”

The term “respect” is used in multiple ways. We may say that we respect someone’s honesty or willingness to stand up to bullies. We may say that someone does or should respect the rules of the road. We may respect the strength of the tide, the power of a bear, or the accuracy of our opponent’s serve. And we may enjoin someone to respect the flag, the dead, or their elders. Clearly, many of these are fitting attitudes to take toward *nonpersons*. So which, if any, matches the sense of respect for persons, where that is thought to have entailments about what individuals should or should not do?

Philosophers have proposed various taxonomies of respect.² When it comes to persons, the key distinction is between “appraisal respect” and “recognition respect” (Darwall 1977). “Appraisal respect” involves a positive judgment of a person or a person’s qualities. For example, respecting someone’s honesty entails making a positive judgment about how honest that person is. This can be a matter of degree: it is possible to have differing amounts of respect for someone and to have more respect for one person than another. For example, we may have greater appraisal respect for someone’s honesty when we see that person speak the truth in a context where doing so is contrary to their interests. “Recognition respect,” on the other hand, involves giving appropriate weight to some fact in one’s deliberations. For example, you might respect the strength of the tide by not swimming out too far. Here, it is prudent to give due weight to the danger of being swept out to sea. Likewise, in respecting the flag, the dead, or your elders, you treat specific facts about them as reasons to act in certain ways. The fact that a corpse is a dead *human*, for instance, puts limits on the ways in which it would be appropriate to dispose of it.

The respect involved in respect for persons is a form of recognition respect rather than appraisal respect. As Stephen Darwall puts it,

To have recognition respect for someone as a person is to give appropriate weight to the fact that he or she is a person by being willing to constrain one’s behavior in ways required by that fact. ... Recognition respect for persons, then, is identical with recognition respect for the moral requirements that are placed on one by the existence of other persons (1977, 45).

Thus, it is someone’s moral status *as a person* that warrants respect. The extent to which that respect is due does not vary depending on an appraisal of that person’s character—

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someone does not merit more or less respect, *as a person*, on the basis of whether we regard them as particularly virtuous or vicious, smart or foolish, and so on.

Recognition respect also admits of different interpretations. It is usually understood in terms of beliefs and behavior, but some take it to be accompanied by a distinct *feeling* of respect.³ Immanuel Kant, for example, characterized respect for persons as involving “reverence” (1956, chap. 3; 1964, 68–69)—a felt recognition of the “sublime” (1951, bk. 2, 82–106). Persons are sublime, Kant thought, because they have the power to reason. In the next section, we note reasons to be wary of the Kantian interpretation of persons. We favor Darwall’s interpretation of recognition respect, which makes no mention of any particular feeling.

“Persons”

Respect for persons is a form of recognition respect, which places different and more stringent moral requirements on our interactions with persons than with non-persons. To work out what that entails for research ethics, we also need to know what persons are. This, it turns out, is a vexed question.

The question—what are persons?—is not raised by the guidance documents that reference respect for persons as a foundational principle. Those documents simply assume that the set of persons is the set of human beings. But, ethically speaking, this view is surely incorrect. If persons are due some particular moral consideration in virtue of being persons, then they must possess some characteristics that are distinctive of persons and justify that consideration. On its face, membership of the species *Homo sapiens* does not seem like the sort of characteristic that could justify special treatment. It is hard to see how having a shared genetic, physiological, and anatomic makeup could matter morally any more than having a shared eye color, language, or nationality. Moreover, singling out the biological category of “species” seems arbitrary, given that there are multiple biological categories into which humans fall—we are also primates, bipeds, mammals, and so forth. The view that one’s species has special moral importance has been dubbed “speciesism” (Singer 1995). Like racism, which seeks to justify differential moral treatment of beings on the prejudicial grounds of racial categories, so speciesism seeks to justify this treatment on the prejudicial grounds of a particular biological category whose choice appears arbitrary.

Persons and humans are not necessarily identical. Nevertheless, in looking for a characteristic that defines personhood and grounds the special moral consideration that persons warrant, philosophers have looked to characteristics that are distinctive of paradigmatic persons—typical adult humans. This approach makes sense. We are confident that, whoever else ends up counting as a person, typical adult humans must. If a view of personhood implied that, say, the reader of this chapter was not a person, we would judge that the view was false or was simply describing some other concept.

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One characteristic that is frequently identified as both distinctive of humans and a possible ground for respect is our capacity to reason. Immanuel Kant identifies this as the source of humanity's dignity and so the duty to respect others as ends in themselves:

a human being regarded as a *person*, that is, as the subject of a morally practical reason, is exalted above any price; for as a person (*homo noumenon*) he is not to be valued merely as a means to the ends of others or even to his own ends, but as an end in itself, that is, he possesses a *dignity* (an absolute inner worth) by which he exacts *respect* for himself from all other rational beings in the world. He can measure himself with every other being of this kind and value himself on a footing of equality with them (1999, 434–435).

Thus, for Kant, the ability to reason and to set ends for oneself on the basis of that reasoning is the grounds for the respect of others. All and only moral agents warrant this respect.

Other philosophers single out the capacity for self-evaluation as what matters. For example, Harry Frankfurt argues that what is distinctive about persons is their capacity to form “second-order volitions” (1971). He notes that many creatures have desires, such as an animal's desire to eat or to escape a threat. However, what separates persons from other creatures is a capacity for reflective self-evaluation: they want certain desires to be their will. A drug addict might crave heroin but want not to want the drug. They might want that second-order desire to be what guides their action. In this way, Frankfurt points out, only persons can attain another frequently identified mark of personhood: enjoying or lacking freedom of the will. When the craving is too strong, the drug addict may lack freedom of the will in that they cannot put their preferred desire into action. However, if they achieve and maintain sobriety, they free themselves by making their second-order desire effective.

These views capture some distinctive features of typical adults. However, they also seem to draw the lines too narrowly. A three-year-old human, for example, is not a good candidate for being a rational being and would not be expected to engage in much reflective self-evaluation. We would certainly not hold that person morally responsible for their actions or think that they should be permitted to make decisions about their life in the same way as a competent adult. But it seems highly implausible to claim that a three-year-old is not a person and so merits less moral consideration than persons. Rather, many people think that young children should be given greater protection than competent adults. Indeed, the dominant view in research ethics is that the risks to which it is permissible to expose children in research are considerably lower than the risks to which it is permissible to expose (consenting) adults.

Considering these problems, one might take a different tack. An alternative defining characteristic by which to distinguish persons from non-persons would be sentience. Whether an action harms or benefits someone is generally thought to be a critical consideration when evaluating the ethics of the action.⁴ If someone is sentient, then matters can go well or badly for them, so it makes sense to talk of their well-being and of them being harmed

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or benefited. However, if something always lacks sentience, then it is hard to make sense of matters going well or badly for it. On this way of thinking, those beings that are never sentient are relevant to ethical analysis only insofar as they matter to sentient beings. The apple matters only because it could provide nutrition to someone who is hungry; the flag matters only because it has symbolic importance to citizens of a particular country.

However, while treating sophisticated cognitive capacities, such as rationality or will formation, as the foundation for personhood makes the criteria too narrow, treating more rudimentary capacities as its foundation risks making the criteria too broad. Even the simplest of sentient creatures would now count as persons, including mice, frogs, fish, and (maybe) some insects (Braithwaite 2010; Klein and Barron 2016; Pali-Schöll et al. 2018). Given the amount of research conducted using nonhuman animals, this expansion would imply radical changes to how science is conducted. For example, most laboratory animals are killed following their use in experiments. On any standard understanding of respect for persons, it is grossly unethical to kill non-consenting persons in the search for knowledge. Even those who agree that all sentient creatures matter morally—so that inflicting unnecessary suffering on mice and fish is wrongful—may still believe that the constraints on killing do not apply to them in the same way as to persons.⁵

An intermediate view lowers the bar for the level of cognitive sophistication needed for personhood. For example, David DeGrazia and Joseph Millum (forthcoming) defend a “neo-Lockean” view, according to which personhood is tied to narrative identity: “A person is a being who has a narrative identity—a *relatively complex understanding of herself as persisting over time and as having an implicit life-story.*” According to DeGrazia and Millum, it is this conception of oneself as a temporally extended being that explains why persons have rights and sentient non-persons do not. Moreover, some degree of narrative identity can be possessed by creatures who we would hesitate to describe as rational or capable of self-evaluation. The view can thereby include three-year-old humans in the class of persons without including fish as well.

Any account of what a person is that is inclusive enough to include very young children will also include some more cognitively advanced nonhuman animals. Depending on the details of the account, this might include the other great apes, other primates, other mammals, and so on.⁶ On the other hand, any account of what a person is that sets the bar above mere sentience will exclude some non-paradigm humans, such as individuals who are severely cognitively disabled.⁷ To some theorists, these implications are troubling.

Some theorists who seek to preserve a special status for non-paradigm humans argue that the kind of moral status that merits respect can be acquired through relationships with other persons or the capacity to form such relationships. For example, Eva Kittay (2005) argues that a severely cognitively disabled human can acquire full moral status by way of being a moral agent’s child. Others point to relational capacities such as the capacity to value,⁸ the capacity to actively participate as a reeree in person-rearing relationships (Jaworska and Tannenbaum 2014), the capacity to form relationships marked by

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reciprocity (Mullin 2011), and even the capacity to give and receive love (Kittay 2013). Views like these can explain why we should respect non-autonomous beings like young children, humans with dementia, and humans with severe cognitive disabilities. Nonetheless, consistently applied, these accounts would also likely include some nonhuman animals as persons. After all, many mammals have the kind of emotional capacities required for long-lasting friendships and relationships of care, many form close and reciprocal attachments, and many nurture their young.⁹

The question—what are persons?—will not be resolved here. This may frustrate a reader who wants a definitive answer. But it is precisely *because* the answer to this question is contested in philosophy and bioethics that we judge it more useful to provide an analysis of the duty to respect persons that is inclusive of a range of plausible theories of personhood. We now argue that we can make significant progress on understanding the principle of respect for persons in the context of research ethics if we interpret it as requiring recognition respect for rights-holders.

Respect for Persons as Recognition Respect for Rights-Holders

We can rule out some accounts of personhood as too narrow or too broad, but several plausible contenders remain. These accounts draw slightly different boundaries around personhood, but all imply that some persons are not humans (e.g., chimpanzees) and some humans are not persons (e.g., humans in persistent vegetative states). These accounts also agree that there are special protections and entitlements that are due persons. We think that these protections and entitlements can be helpfully conceptualized in terms of *rights*. The duty to respect persons can then be interpreted as a duty that requires *recognition respect for rights-holders*. This is helpful for several reasons.

First, the purpose of this chapter is not to give an analysis of the principle of respect for persons *simpliciter*; the purpose is to explore the content and foundation of that principle *in research ethics*. Interpreting the duty as an obligation to pay recognition respect to rights-holders is consistent with how the principle is stated in research ethics guidance documents (notwithstanding their assumption that only humans are persons). These documents all connect respect for persons to autonomy and—implicitly—to respecting the exercise of autonomy rights. They are also clear that the relevant class of persons includes more than just autonomous agents and that special protections are owed to non-autonomous persons. For example, the Belmont Report states, “Respect for persons incorporates at least two ethical convictions: first, that individuals should be treated as autonomous agents, and second, that persons with diminished autonomy are entitled to protection” (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research 1978). Canada’s *Tri-Council Policy Statement* says, “Respect for Persons incorporates the dual moral obligations to respect autonomy and to protect those with developing, impaired or diminished autonomy” (Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, and Social

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Sciences and Humanities Research Council 2018, 6). And the guidance from South Africa's Department of Health states,

This principle requires that persons capable of deliberation about their choices must be treated with respect and permitted to exercise self-determination. Further, persons who lack capacity or who have diminished capacity for deliberation about their choices must be protected against harm from irresponsible choices. Respect for persons recognises that dignity, well-being and safety interests of all research participants are the primary concern in research that involves human participants (2015, 14).

Second, given our aim, our analysis would have very limited value if it were pegged to a contested view of personhood since it would be useful only to those who accepted that view. Such a concession is unnecessary. The plausible views of personhood agree that it grounds rights. Hence, they agree that persons, whatever else they are, are rights-holders. Interpreting the principle of respect for persons as recognition respect for rights-holders leaves open the range of individuals who merit respect to be filled in by an account of who rights-holders are. If someone believes that rights are possessed only by certain humans and other cognitively sophisticated primates, then this will tell them that the scope of respect for persons extends just that far—likewise for one's views on the rights of fetuses, patients in minimally conscious states, and other nonhuman animals. This allows us to understand what respect for persons entails, while acknowledging ethical disagreement about the exact scope of the principle.

Third, interpreting the principle as requiring recognition respect for rights-holders is useful for ethical analysis not just because it is maximally inclusive of various theories of personhood but because we know more about what rights are and what respecting them entails than we do about what persons are and what respecting them entails. Ethically speaking, rights function as constraints that protect individuals and their entitlements. As Leif Wenar puts it, "Rights permit their holders to act in certain ways, or give reasons to treat their holders in certain ways or permit their holders to act in certain ways, *even if some social aim would be served by doing otherwise*" (2015).¹⁰ So, for example, the fact that children have rights against being exposed to serious harms explains why it is not permissible to enroll young children in very risky research even if the expected harms to the children are lower than the expected benefits to society. Likewise, it is not permissible to inject a competent, conscious adult with a drug without that person's permission. This is because the person has a right to decide for themselves what will be put into their body.

Finally, this interpretation allows us to preserve a key insight from the Kantian view that many people find plausible: that there is a non-instrumental value to persons. Rights limit the extent to which it is permissible to use individual persons for the benefit of others. To use the Kantian vocabulary, by respecting people's rights, we treat them as ends in themselves, not merely as means to the ends of others.

Rights

Since we think that the principle of respect for persons is best understood as a form of recognition respect for rights-holders, it will be helpful to say a little more about what rights are.¹¹

For any putative right, we can ask who the right-holder is, what the right permits or requires, and how stringent the right is. The internal structure of rights is frequently analyzed in terms of “Hohfeldian elements”: privileges, claims, powers, and immunities (Wesley 1913).¹² If someone has a *privilege* to perform some action, then that person is permitted to perform it. For example, if you have a privilege to wear your Southampton F.C. scarf, then you are permitted to wear it. You would not violate any duty by doing so. If someone has a *claim*, then some other party or parties have a duty. For example, persons have a claim to bodily integrity, which entails that other people have a duty not to interfere with their bodies in certain ways. Powers and immunities concern how privileges and claims can be changed or protected. If someone has a *power*, then that person can change what another person is permitted or required to do. For example, giving valid consent is the exercise of a power over a claim: by giving valid consent to surgery, a patient removes the surgeon’s duty not to cut him. Finally, an *immunity* is a protection against someone else exercising a power. For example, even if a surgeon is convinced that a patient ought to have a surgery, that surgeon lacks the power to waive the patient’s claim to bodily integrity.

Though it is sometimes thought that if someone has a right, then that right can never (ethically) be overridden, this is not how rights are typically interpreted in applied ethics or law. Defamation laws, for example, provide legitimate limits on freedom of speech. Instead, we should think of rights as having thresholds: only when the consequences of overriding a right are sufficiently important does that justify doing so.¹³ These thresholds will vary depending on the importance of the right—that is, the stringency of the duty to respect someone’s right will vary. For example, it is sometimes judged permissible to use patients’ biological samples for research purposes even when they have not given consent for such use (provided that the researchers are unable to contact the patients, that any possible harms are minimized, and so forth).¹⁴ One explanation of why this can be permissible is that the value of the research is sufficiently great that it justifies the minor infringement of patients’ rights to control what happens to their samples. By contrast, we can’t think of any realistic research situation in which it would be permissible to override someone’s right not to be killed. The threshold for that right is too high. We return to this discussion about thresholds in the “Applications” section of this chapter when we explore the permissibility of research without consent.

Consent

Autonomous individuals have the power to waive certain of their rights by giving valid consent. Doing so can give researchers permission to engage in all sorts of activities—viewing medical records, recording private conversations, injecting experimental drugs—

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that would otherwise constitute rights violations. Any discussion of respect for persons in the context of research ethics must therefore address the conditions for valid consent.¹⁵

It is widely agreed that the following five conditions are necessary and jointly sufficient for valid consent: competence, disclosure, understanding, voluntariness, and a token of consent. Here, we give a brief gloss on each condition and how it can go wrong in the context of consent to research. Along the way we note areas where there is uncertainty or disagreement. We then turn our attention to the other functions of the informed consent *process*, which are more distantly related to respect for persons.

Competence

Consent will only be valid if the person giving consent has the competence (or capacity) to do so.¹⁶ Roughly speaking, someone is competent to make their own decisions if and only if they are able to reason about what to do in the light of the information they have and their values and make a decision on the basis of that reasoning.¹⁷ Competent persons, then, are autonomous agents. Because they are capable of making autonomous decisions, those decisions should be respected. This is one way we show competent persons recognition respect, and we disrespect them when we interfere with, ignore, or otherwise usurp their decision-making.

A competent person can decide on the basis of their values to refuse the medical care that their physician recommends. They can also give permission to a procedure that poses risk, even though it will not benefit them but only provide information that might benefit others. By contrast, someone who was not competent—a young child or someone with moderate dementia—would not have the right to make these decisions for themselves. We routinely override the objections of young children when they dissent from activities that are in their interests. While showing respect to a competent adult involves recognizing their right to make good or poor decisions, that lack of capacity in young children requires that they be protected from harm. However, our decision-making capacity typically develops as we mature. In the subsection “Respect and Research with Children and Adolescents” we explore whether and how researchers can show appropriate respect to children and adolescents in light of their burgeoning decision-making capacities.

Two important practical issues are worth noting regarding competence. First, judgments about competence can be either global or local. The default presumption that adults are capable of giving consent reflects a global judgment that adults are competent, absent evidence to the contrary. In many areas of practice, however, judgments about competence are made at a more local level. For example, the assessment of capacity to consent to a research study may be specific to that particular study and whether the potential participant is capable of understanding and reasoning about the specific procedures involved. For the most part, we think that it is correct to view competence as decision-specific rather than global. Someone might, for example, be unable to consent to a complex research study involving multiple procedures and a complicated risk-benefit trade-off; yet they might remain competent to manage their day-to-day financial affairs. Further, for patients with marginal autonomy, there may be conditions under which they are capable of

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making their own decisions and conditions under which they are not. For example, a patient with mild dementia may have higher cognitive functioning in the morning, have lower anxiety in a familiar setting, and be able to use their partner as a support for reminders about pieces of personal information that slip their mind. In the morning, at home, with their partner, they may be competent to make medical and research decisions. Later, in a strange hospital, and alone, they may lack competence. Researchers need to be sensitive to the contextual factors that affect decision-making ability and endeavor to obtain consent under circumstances that best enable individuals to decide for themselves.

The second important practical issue regards the threshold for competence. Research often involves complex procedures. There may be few people capable of truly understanding what those procedures involve, even for common procedures such as magnetic resonance imaging (MRI).¹⁸ Likewise, everyone is subject to biases that impede their decision-making.¹⁹ The capacity to understand everything and reason flawlessly therefore cannot be required for competence. Where exactly the line should be drawn is a matter of debate. It is important to get it right because making competence requirements too strict and making them too lenient both come with substantial ethical costs. In the one case, individuals who have the right to make their own decisions will have that right impinged upon; in the other, individuals who need protection may suffer the consequences of poor decisions.

Disclosure

When a competent person makes a decision about whether to participate in research, it is their decision to make. In order to enable them to make this decision, certain information must be disclosed.²⁰

Regulations and guidelines go into great detail on what must be disclosed. For example, the World Medical Association's Declaration of Helsinki states,

In medical research involving human subjects capable of giving informed consent, each potential subject must be adequately informed of the aims, methods, sources of funding, any possible conflicts of interest, institutional affiliations of the researcher, the anticipated benefits and potential risks of the study and the discomfort it may entail, post-study provisions and any other relevant aspects of the study. The potential subject must be informed of the right to refuse to participate in the study or to withdraw consent to participate at any time without reprisal. (World Medical Association 2013, Guideline 26)

The manner of disclosure is important as well as the content that is disclosed. We disrespect prospective participants' decision-making capacity when we disclose information in a way that is predictably hard to understand, is misleading, or feeds known misconceptions. So, for example, the use of lots of scientific jargon is likely to impede understanding for most research participants—consent forms full of such language would not meet the disclosure requirement and therefore would not show appropriate respect. We ex-

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plore the practical implications of this requirement in the subsection “Respect and the Therapeutic Misconception” when we discuss the therapeutic misconception in research.²¹

Understanding

Valid consent also requires that the person giving consent understand certain information. At a minimum, they must understand that what they are doing is giving consent—for example, that by signing this form they are giving permission for the researcher to proceed. What more they must understand is a matter of debate. On one prominent view, the understanding requirement protects participants’ interests (Wendler and Grady 2008). They must therefore understand the information about a research study that is relevant to their interests. So, for example, major or common risks of a research intervention must be understood because they involve potential harm. On another view, the understanding requirement protects participants’ ability to direct their life according to their own values (Faden, Beauchamp, and King 1986). On this view, potential participants must understand the information that is likely to be relevant to their decision about whether to consent. Major or common risks of a research intervention must therefore be understood because people often care about risk.

A more minimal view of the understanding requirement separates what must be disclosed from what must be understood.²² On our version of this view, the primary function of disclosure is not to achieve understanding but to avoid a form of illegitimate control (Bromwich and Millum 2015; Millum and Bromwich 2018). Omitting to disclose a major or common risk would constitute such control because it would be likely to mislead the participant about how dangerous the study is and so potentially affect their consent decision. Such risks do not actually have to be *understood* in order to give valid consent. Provided that the person giving consent has been given a fair opportunity to understand the risks—such as through a clearly written consent form and an open-ended discussion of the study—they can give consent without actually understanding the risks. They just need to understand what they are waiving their right to; that is, what the researcher proposes to do that requires consent. This view makes sense of how we can give consent to acts whose risks no one knows, which is common when research studies test experimental drugs, devices, or techniques.

Voluntariness

A competent agent may fully understand what they are agreeing to and still give invalid consent if it is not given voluntarily. The paradigmatic situation in which voluntariness is undermined is one of coercion. On a widely accepted model of coercion, it occurs when one agent presents a credible threat to violate the rights of another unless they comply with the other’s demands (Wertheimer 1987). For example, the robber who presents a gun and says, “Your money or your life,” is coercing the victim. If the victim hands over their valuables, they have not given valid consent to the robber’s ownership. Although there are important historical examples of people who were coerced into research, it is

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now very rare for participants to be coerced into agreeing to research participation, as far as we are aware.²³

Another way in which voluntariness can be undermined is through deception. If someone is deceived about what act they are consenting to, then they cannot have given consent to that act. For example, if a physician asks for consent to inject a research participant with saline but in fact injects the participant with a radioactive isotope, their agreement to be injected is invalid because they have only agreed to the saline injection. Some deception is not about the act itself but nevertheless invalidates consent. If the fact about which someone is deceived is relevant to the decision, the deceiver may have illegitimately controlled the consent decision. For example, lying about whether radiation therapy for prostate cancer poses risks of impotence and incontinence might predictably make patients more likely to agree to it.

While most scholars agree that deception can invalidate consent, they disagree about how and why it does so. The forgoing explanation tells us that deception invalidates consent by undermining voluntariness. Others argue, on the other hand, that when certain facts are deceptively withheld, consent is invalidated because the person giving consent did not understand some fact necessary for a valid authorization. We explore the implications of these views for the ethics of deceptive research in the subsection “Respect and Deception.”

Token

Finally, the person must actually give consent. This requires that they provide some indication that signifies that consent has been granted. In clinical research, this is typically achieved through a signature on a consent form. However, valid consent need not be formalized in this way. In clinical care, consent may be given to many common procedures with no paperwork at all. The physician asks if they can palpate your stomach and you say “Sure thing.” The nurse says they’re going to inject you, asks for your arm, and you give it. Ethically speaking, these communicate consent just as effectively as a signature.

There are pros and cons to the default of requiring written consent to research participation. Consent forms have the advantage that they provide a record of whether consent was given and to what. In the right circumstances, they can also be a helpful tool for conveying information. For example, participants can be sent a consent form well ahead of being asked for consent and so have the opportunity to learn about the research study at their leisure. On the other hand, reliance on the consent form to provide information risks taking the focus away from the person-to-person interactions that appear to be the best way to improve understanding (Flory and Emanuel 2004). Research ethics committees are notorious for nitpicking the wording of consent forms. They have much less to say about—and little opportunity to oversee—the process through which participants are told about the research and given the opportunity to ask questions. For some low-risk studies, consent forms may also be excessive. For example, if a researcher is recruiting for a short survey, simply filling out the survey might be sufficient to indicate consent. Finally, in rare cases, obtaining written consent might compromise the obligation of recognition respect

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by putting participants at risk or being culturally inappropriate (Wendler and Rackoff 2001). For example, consider a sociologist interviewing sex workers in a country where such work is stigmatized and illegal. Participants might reasonably be concerned about their confidentiality if required to sign a form that describes the population being studied.

Other Functions of the Consent Process

While the primary goal of the informed consent process is to obtain valid consent to research participation, it also serves other functions. Some include institutional protection and the promotion of trust in the research enterprise (Dickert et al. 2017). Others further promote the well-being and decision-making of research participants. For example, many institutional and legal requirements for informed consent are designed to protect participants' interests (Brock 2008). Multiple studies around the world have examined how much participants in clinical research understand.²⁴ They show very variable levels of understanding, including substantial numbers of apparently competent participants who cannot recall key risks or distinguish between research and clinical care (Mandava et al. 2012). These are the respects in which research is most likely to diverge from participants' interests. When the informed consent process is designed to facilitate understanding, encourage reflection on the enrollment decision, and generally promote a decision made in accordance with interests, preferences, and values, participants are more likely to make prudent enrollment decisions. In this way, the informed consent process demonstrates an aspirational commitment to the ideal of good decision-making, rather than merely a minimal commitment to obtaining a valid rights waiver (Bromwich and Millum 2017).

Applications

We can derive some clear implications about how we ought to treat prospective research participants from the forgoing analysis of the principle of respect for persons as requiring recognition respect for rights-holders. For example, when persons are capable of autonomous decision-making, recognizing their right to control certain aspects of their lives—like whether to participate in a study—requires that we disclose those facts that are expected to be relevant to an enrollment decision in an understandable way. However, some theoretical issues are contested, and different research populations and research methods raise distinctive challenges for how researchers should show respect. In what follows, we briefly consider four issues: the therapeutic misconception, research with children and adolescents, the use of deception, and research without consent. For each, we discuss the implications of the theoretical analysis for the practical challenges posed.

Respect and the Therapeutic Misconception

Prospective participants often have inaccurate beliefs about the studies in which they enroll. These can be amplified—and may even be formed—by the content and manner in which information about studies is disclosed. One common inaccurate belief is the “thera-

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peutic misconception," which refers to a mistaken tendency among clinical research participants to believe that research procedures are being carried out primarily or even solely for their medical benefit.²⁵ It was first observed in psychiatric patient participants, but it has now been observed in a wide range of medical research populations (Applebaum, Roth, and Lidz 1982; Applebaum and Lidz 2008). On some views about what is needed for valid consent, the therapeutic misconception has the potential to invalidate consent, as well as lead to poor decision-making.

More expansive views of what needs to be understood in order to give valid consent to research typically include that participants should understand the aims of the study in which they enroll. It is implausible that participants can understand these aims if they mistakenly believe that the research procedures involved are conducted primarily or solely for their personal benefit. Given the prevalence of the therapeutic misconception, an expansive view of the understanding requirement would imply that a radical overhaul of the informed consent process should be carried out in order to improve comprehension of the research-care distinction.

It would also raise sobering ethical questions about past research. After all, many research studies have included persons with the therapeutic misconception. And yet since learning this, little has been done to change the way in which these participants are enrolled. Should those who have continued to conduct and sponsor research with disregard for this misconception be condemned for the alleged rights violations that have occurred? Should clinical research be halted until the therapeutic misconception has been fully addressed? Is the scholarly research ethics community guilty of merely paying lip service to the duty to respect persons when they refuse to engage seriously with these questions?

On the other hand, if a more minimal view of the understanding requirement is correct, the muted reaction to the therapeutic misconception might be justified. On the view we outlined above, it is possible to give valid consent to research participation even if you have false beliefs about the primary purpose of research interventions. For example, someone might agree to a blood draw but mistakenly believe it is for clinically necessary tests and not for answering scientific questions. Still, on the minimal view, provided the person knows that it will involve someone inserting a needle into a vein and withdrawing blood, their consent can be valid.

A proponent of the minimal view of the understanding requirement might even think that it would be disrespectful *not* to enroll a participant with the therapeutic misconception. If they are otherwise eligible for the study, it seems paternalistic to exclude them on the grounds that they have not understood enough to make a prudent enrollment decision, provided that they have understood enough to give valid consent. Whether such participants ultimately should or should not be enrolled in studies will depend on our answers to other questions. In particular, it will depend on researchers' duties of beneficence, which might entail that they should exclude individuals from studies who are making particularly poor decisions. It will also depend on whether potential participants have any right to enroll in research studies or whether that is up to the individual investigator.

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Finally, though proponents of the minimal view do not think that having a therapeutic misconception is itself sufficient to invalidate consent, there are ways in which it can lead to invalid consent even for them. Recall the discussion of the disclosure requirement. One way in which disclosure can go awry is through misrepresenting information that the person obtaining consent expects to be relevant to a potential participant's consent decision. False beliefs can be communicated not only through deliberate deception but by what is implied (or *implicated*). So, for example, not to mention a major risk during the consent process communicates, by implication, that there is no such risk. Why? Because it is reasonable for a patient to assume that a clinician would mention all the major risks of which they are aware during a conversation that focused on medical procedures and their risks and benefits.

In the same way, if a researcher knows that a potential participant has false beliefs about the therapeutic intent of a research study, failing to address or challenge those beliefs may implicitly confirm them. It is reasonable for those in the grips of the misconception to think that if they were mistaken about the primary purpose of research interventions, they would be told explicitly. Since we are exposed to written terms and conditions replete with legal boilerplate and institutional protections that we frequently ignore without suffering adverse consequences, it is also reasonable for participants to dismiss or miss statements about the official aims of research buried in consent forms. Most people likely assume that if the information is *really* important, it will be made plain. And that is a natural expectation in the research context too. When these kinds of expectations are at play and when the usual mode of communication does not dislodge them, researchers may misleadingly implicate their truth through their disclosure. It is therefore possible to invalidate consent to research participation even when all the relevant facts are disclosed if they are disclosed in a manner that is known to confuse, mislead, or feed an existing misconception.

Respect and Research with Children and Adolescents

Scientific research is conducted with children of all ages, and their inclusion raises two major issues that relate to recognition respect. The first is that, as non-autonomous persons, many children are not able to make decisions that protect their own interests, and they lack the legal authority to give consent. While children's parents or legal guardians must give permission for their inclusion in research, appropriate respect for their non-instrumental value requires instituting additional protections (US Department of Health and Human Services, National Institutes of Health, and Office for Human Research Protections 2018). Yet respect for these rights-holders does not begin and end with proxy consent or additional institutional safeguards because, as children develop, so does their capacity for autonomous decision-making. This raises the second issue of whether and how to respect their burgeoning capacity for self-governance.

First, children are shown respect in research by being afforded extra protections. Most research ethics guidelines and regulations protect a child's right not to be exposed to serious harm by precluding high-risk pediatric research that does not offer a compensating

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prospect of direct benefit.²⁶ The US Common Rule permits pediatric research that poses a *minor increase* over minimal risk without compensating direct benefit to the child only if, among other conditions, “The intervention or procedure is likely to yield generalizable knowledge about the subjects’ disorder or condition which is of vital importance for the understanding or amelioration of the subjects’ disorder or condition” (US Department of Health and Human Services, National Institutes of Health, and Office for Human Research Protections 2018). Any more risky research would require a determination by the secretary of the Department of Health and Human Services following consultation with a panel of experts and a period of public review and comment (US Department of Health and Human Services, National Institutes of Health, and Office for Human Research Protections 2018). This regulatory option has been rarely used.²⁷ Restrictions on pediatric risks in other countries are similar or more strict when it comes to risks that are not counterbalanced by expected health benefits to the child participant.²⁸

These protections safeguard children against being used merely as means to scientific ends, even if those ends are socially valuable. They also ensure that children are treated fairly and equally as these safeguards protect children from being exposed to excessive harms even if their parents or legal guardians would allow it. All in all, these protections respect children by ensuring that pediatric research is constrained to recognize the non-instrumental value of its subjects.

Second, the capacity for autonomous decision-making develops over time, and this raises important questions about whether and how to recognize and respect it. While a toddler may completely lack values and the ability to reflect on their decisions, a six-year-old may be able to plan ahead, be able to anticipate how something will feel, and want to help other people. The six-year-old’s ability to make decisions may not be sufficient to ground autonomy rights, but when children can understand aspects of a research study, it is natural to show them respect by consulting them about whether they want to participate insofar as they can understand (National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research 1977). For research studies that are not in the medical interests of the pediatric participants, it is commonly claimed that their “assent” should be obtained, where possible, and their “dissent” respected (Council for International Organizations of Medical Sciences 2016, Guideline 17).

The question of which children are capable of giving assent and what assent and dissent entail is a matter of debate. Some scholars understand pediatric assent to be ethically equivalent to consent. Older children are often capable of autonomous decision-making. Even though they are not legally able to direct their own lives, they have the mental capacities necessary to do so. It is therefore reasonable to respect their assent for the same reason we respect adults’ consent. David Wendler and Seema Shah (2003) hold a version of this view. They argue that only children who are capable of making their own research decisions ought to have their assent solicited and respected. Since non-beneficial research is primarily designed to help others, they argue that children need to understand the abstract and pro-social concept of altruism in order to understand a decision about whether to participate in research. According to Wendler and Shah, children develop

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such an understanding between the ages of 10 and 14, so they caution against inviting pediatric assent before the age of 14. Others think that this is too high a standard. For example, Jason Wasserman and Mark Navin (2018) argue that children much younger than 14 are often capable of expressing stable preferences that ought to be given moral weight in medical decision-making. Soliciting a child's preferences shows respect for the child as a person, and they argue that appropriate respect requires that those preferences be given defeasible moral weight in the final medical decision.²⁹

On the flip side, we may ask what ethical weight dissent has. Parents routinely override their child's dissent to activities that are in the child's interests. In research that is not expected to benefit the child, however, it is generally agreed that dissent should be respected (Ackerman 1979; British Medical Research Council [1991] 1998). This might stem from some sort of respect for children's nascent autonomy. Alternatively, it might be thought that dissent is an indication that an activity would be contrary to a child's interests, for example, because it is then likely to cause distress. Against the view that dissent should be respected, it might be argued that where a research study is socially important and could not otherwise be carried out, dissent should not always rule out enrolling a child. Their dissent may not emanate from a rational decision-making process. It may express confusion, anxiety, or ambivalence but not a considered objection to the research. Respecting such dissent is therefore not like respecting the dissent of an autonomous agent. Further, while researchers (and parents or guardians) should care about a child's level of distress, there seems no reason to treat it differently from other research risks. Efforts should be made to minimize distress—after all, excessive distress might make a study too risky overall. However, just like any other risk to pediatric participants, distress can be justified by the social value of the research.

Respect and Deception

Some research studies use deceptive methods. In the past, deception was occasionally used to induce study enrollment.³⁰ Today, it is typically used when a scientific question cannot be answered without deceiving participants in some way.³¹ For example, psychological studies of what makes people act in altruistic or selfish ways have to be designed so that they conceal the aims of the study from participants. Otherwise, the participants are likely to change their behavior to act in socially desirable ways.³² Sometimes studies have to be designed so that participants are not even aware that they are in research. Many field experiments in economics and political science are designed to see whether and how certain interventions or policies affect citizens' behavior as they go about their daily lives.³³ Take, for example, a study designed to see whether voters are more likely to turn out if they engage with material encouraging them to vote.³⁴ During an election, a randomly selected group might be sent flyers encouraging turnout. Their voting behavior is then compared to a control group who received no such information. But if these citizens knew they were being studied, they might change their voting behavior, thereby undermining the scientific validity of the research.

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Deception involves one party deliberately inducing another party to believe something that the first thinks is untrue.³⁵ Most people think that deception is disrespectful, and it is generally thought to be wrong without justification. One plausible explanation of what makes deception wrongful is that it involves a breach of trust (Williams 2002, chap. 5). The person who lies, for example, invites a listener to believe what they are saying and then betrays the listener's trust in their veracity. The disrespect shown to the person who is lied to is already inherent in this explanation.³⁶ Further, where the deception is part of a consent process, it can also invalidate consent. It does this if it either misleads the person giving consent about what they are consenting to or if it misleads them about some fact that is relevant to their consent decision and thereby illegitimately controls the decision. In the former case, deception violates the understanding requirement. In the latter case, it undermines voluntariness.

Some research ethicists think that it may be possible to conduct some deceptive research that shows appropriate recognition respect to rights-holders. They point out that it is possible to inform prospective participants that a study *involves* deception without informing them about the nature of that deception (Wendler and Miller 2004). Without undermining the scientific validity of the study, participants can be asked whether they are willing to be deceived in order to answer a scientific question. This means that instead of someone else making the decision about whether deception is acceptable to them, they get to make that decision. In this way, it might be possible to deceive *and* respect participants.

Whether this “authorized deception” can address the ethical challenges with deceiving participants will depend on several considerations. First, it depends on how expansive the understanding requirement for informed consent is. On a minimal view of the requirement, participants could be ignorant of many details of the research and still give valid consent. More expansive views will necessarily limit the information that can be withheld from participants. Second, it depends on whether authorized deception is consistent with achieving the scientific aims of the study. It is possible that participants who are informed that they are going to be deceived will thereby be on the lookout for deception and that this will influence their responses. The extent to which authorized deception would interfere with the science in this way is an empirical question.³⁷

Research without Consent

One way we respect competent adults is by obtaining their valid consent to research participation. However, some important scientific questions would be unanswerable—or much harder to answer—if valid consent were required. As noted in the previous section, many field experiments in the social sciences do not tell participants that they are involved in research studies for fear of influencing their responses. Research with stored biological samples may take place without donors' knowledge and so without their express permission. Large data sets, from mobile phone data, government records, electronic health records and the like, allow for potentially transformative population-level research; but few people have agreed to the researchers' specific uses of their data. Where researchers could identify participants, the data sets may be so large that contacting and

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consenting all of them would make the research project too expensive to be worthwhile. Yet it is increasingly challenging to anonymize data, so proceeding without participants' consent not only violates their rights to self-determination but also risks violations of their privacy rights.³⁸ Other studies, such as cluster-randomized trials and policy experiments, are hard to conduct in a scientifically valid way if individuals within clusters or subject to policies can opt out.

It seems disrespectful to conduct research on competent adults without valid consent and yet some important scientific questions would be unanswerable if consent were required. This prompts two questions. First, is it permissible to conduct some research studies on competent adults without their consent? If so, under what circumstances? Second, if it is permissible to conduct a research study on competent adults without their consent, is it also possible to conduct that research in a way that shows appropriate respect?

Our theoretical analysis can help answer these questions. Regarding the permissibility of research without consent, two cases can be distinguished. One is when the research procedures would not violate participants' rights.³⁹ Most medical research includes acts that would constitute rights violations without valid consent. Take a blood draw. It is an act of bodily trespass, and the reason a researcher has a duty to obtain valid consent before proceeding with it is that the participant has a claim right to bodily integrity. As the rights-holder, only the participant has the power to exercise or waive that right, which they can do by giving or refusing consent. But not all studies include acts over which the participant has an autonomy right. For example, Douglas Mackay and Averi Chakrabarti discuss a variety of government policy studies in which governments have "a right to rule over the spheres of action targeted by the research" (2019, 194), and collecting the data needed to complete these experiments would not infringe participants' autonomy rights. For example, take a randomized controlled trial comparing two anti-poverty programs. Provided that data collection does not infringe participants' rights, there is no threat of a rights violation because the government has the legal authority to institute these policies, so it follows that there's no duty on the part of the researcher to obtain consent for study acts.

But what about when the research *does* involve procedures that participants have the right to refuse? Conducting such research without consent might be defended on the widely accepted grounds that rights have thresholds (see subsection "Rights"). The social value of the research might then be argued to override the individual's right. Whether this bar has been met for any particular research project will depend on three factors: the strength of the right (e.g., the threshold for overriding the right to control personal information will be lower than the threshold for overriding the right to bodily integrity), the social value of the proposed research (e.g., how important is the information about cancer that can be generated from this collection of leftover tumor specimens?), and the difficulty of obtaining the information that the research would generate without overriding a right (e.g., is deception necessary to get valid data? Would tracking down sample donors really be too expensive?).

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Our answers to the first question suggest an answer to the second: research without consent can fully respect rights-holders only when it does not violate their rights. There is nothing inherently disrespectful about conducting research without consent when that research does not undermine, threaten, or otherwise usurp its participants' rights to self-determination. However, we cannot say the same thing when participants' rights are infringed. When we judge that it is permissible, all things considered, to override participants' rights in order to conduct research, we still wrong them, and we do so in a way that is inherently disrespectful. First, we usurp their agency by interfering with or making a decision that is rightfully theirs to make. Second, our interference may control their enrollment decision—that is, the participant might not have enrolled in the research had they been consulted properly. The fact that participants are wronged—even if the research is justified on balance—explains why it is right to think that they are owed something: an explanation or debrief, an apology, or post-trial benefits.

Conclusion

The principle of respect for persons is foundational in research ethics, but its interpretation is challenging. Scholars disagree about what persons are, which makes it hard to determine the principle's foundation, content, and scope. Informed by this disagreement, we have offered an analysis that makes as few unnecessary theoretical commitments as possible. Instead of grounding it on a contested view of persons, we have argued that since all plausible views of personhood agree that persons are rights-holders, the principle can be usefully understood as requiring recognition respect for rights-holders.

This interpretation captures the sentiment of the principle expressed in research ethics documents, and it explains classic expressions of respect in research. Take, for example, the ethical requirement that valid consent be obtained for most research studies that enroll competent adults. When we require that a competent adult gives valid consent to certain acts in a study that would otherwise constitute rights violations, we recognize and respect that the decision at hand is that person's to make. In addition, this interpretation of the principle allows us to derive clear and useful guidance about what constitutes respect for persons in certain contexts (e.g., how to disclose information to guard against misconceptions), while recognizing what constitutes respect for persons in other contexts is legitimately contested (e.g., when and how to involve children in decisions about research participation).

Disclaimer

The views expressed are the authors' own. They do not represent the position or policy of the National Institutes of Health, the US Public Health Service, or any other part of the US government.

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Notes:

(2.) For examples, see Hudson (1980) and Neumann (2004).

(3.) For example, see Buss (1999).

(4.) As Jeremy Bentham famously put it, "The question is not Can they reason? or Can they talk? but Can they suffer?" ([1789] 1907).

(5.) Cf. Regan (2004). For more on why obtaining valuable knowledge may not be sufficient to justify the harm or death of nonhuman animals either, see DeGrazia and Sebo (2015) and Sebo and DeGrazia (2020).

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(6.) This has important ethical and legal implications. For example, it is generally agreed that personhood grounds moral and legal rights, but in current US law *only* persons have the capacity for rights. Hence, securing *legal* recognition of nonhuman animal rights requires challenging the view—enshrined in the law—that all and only humans are persons. See Andrews et al. (2018).

(7.) Non-sentient humans fall into two categories. There are those who are permanently incapable of sentience, such as anencephalic infants, who are born without a cerebrum. It is generally uncontroversial that such infants do not merit the same protections as persons. There are then those who are not currently capable of sentience but might become capable, such as early-term fetuses. Their status is more controversial since some think that the potential to develop certain characteristics is sufficient for personhood. We do not address this issue here.

(8.) For example, see Jaworska (1999).

(9.) See DeGrazia (1996, 2014).

(10.) Italics added.

(11.) We lack the space here to consider foundational questions about the grounds for rights. For an introduction to the philosophical discussion, see Wenar (2015).

(12.) See, also, Thomson (1990).

(13.) For discussion, see Brennan (2009) and Thomson (1990).

(14.) See, e.g., CIOMS (2016, Guideline 11).

(15.) The reader may have noted that we use the language of “valid consent” rather than “informed consent.” “Valid consent” is given when the person giving consent successfully exercises their autonomy rights in the way just described. “Informed consent,” which is a term of art within bioethics, typically includes valid consent but sometimes appears to involve more.

(16.) We treat the terms “competence” and “capacity” as synonyms.

(17.) See Faden, Beauchamp, and King (1986).

(18.) Here is the explanation of the basic idea behind MRIs from the introduction to the Wikipedia page on “Magnetic resonance imaging”:

Certain atomic nuclei are able to absorb and emit radio frequency energy when placed in an external magnetic field. In clinical and research MRI, hydrogen atoms are most often used to generate a detectable radio-frequency signal that is received by antennas in close proximity to the anatomy being examined. Hydrogen atoms are naturally abundant in people and other biological organisms, particularly in water and fat. For this reason, most MRI scans essentially map the location of

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water and fat in the body. Pulses of radio waves excite the nuclear spin energy transition, and magnetic field gradients localize the signal in space. By varying the parameters of the pulse sequence, different contrasts may be generated between tissues based on the relaxation properties of the hydrogen atoms therein.

(19.) See, for example, Tversky and Kahneman (1974) and Kahneman (2011).

(20.) Some might think that the requirement to disclose certain facts is a marker of *informed* consent, as contrasted with consent *simpliciter*. Elsewhere, we argue that certain facts ought to be disclosed in order for consent to be valid in all domains in which consent operates and that this is not special to *informed* consent. See Bromwich and Millum (2015) and Millum and Bromwich (2018).

(21.) For evidence-based tips on designing consent forms that are easier to understand, see Denzen et al. (2012).

(22.) See, for example, Gert, Culver, and Clouser (1997), Sreenivasan (2003), and Miller and Wertheimer (2011).

(23.) One exception may be cases of third-party coercion wherein one individual coerces another into giving consent to a third party (the researcher). See Millum (2014).

(24.) See, for example, Flory, Wendler, and Emanuel (2008) and Mandava et al. (2012).

(25.) There is some debate over the correct way to characterize the therapeutic misconception and, consequently, over how to measure and prevent it. See Henderson et al. (2007) and Kimmelman (2007).

(26.) See, for example, National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research (1977), US Department of Health and Human Services, National Institutes of Health, and Office for Human Research Protections (2018), and Council for International Organizations of Medical Sciences (2016, Guideline 17).

(27.) The US Department of Health and Human Services (2015) archived webpage from September 30, 2015, lists just 10 studies that were reviewed under 45 CFR 46.407.

(28.) See, for example, South Africa Department of Health (2015), UK Medical Research Council (2004), Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, and Social Sciences and Humanities Research Council (2018). None of these allow an exception to the rules like the United States. The latter two are also more restrictive about the upper limits of risks in pediatric research.

(29.) See also Redmon (1986).

(30.) For example, in 1963, three medical researchers at the Jewish Chronic Disease Hospital in Brooklyn, New York, injected live cancer cells into 22 chronically ill patients. The doctors did not tell these patients that the injection contained live cancer cells or that the

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procedure was experimental because they feared that “the phobia and ignorance that surrounds the word *cancer*” would cause these patients to refuse study participation (Katz 1972).

(31.) We should distinguish cases of deception from cases in which information is deliberately and explicitly withheld from participants. For example, in a blinded randomized controlled trial, participants are randomly assigned to an arm of the trial and do not know which arm it is. They may not know, for instance, whether they are receiving an active drug or a placebo. Yet, while they do not know which arm they are in *because* that information is withheld from them, they are clearly not deceived about the nature of the research or the possibility that they are only receiving a placebo. See Wendler and Miller (2008).

(32.) See, for example, Darley and Batson’s (1973) famous study of theology students who were directed so that they would pass an apparent “victim” slumped in an alley. Helping behavior was predicted by how much of a hurry the participants were in but not by priming with the parable of the Good Samaritan.

(33.) See Desposato (this volume) and Glennerster and Powers (2016).

(34.) See, for example, Green and Gerber (2015).

(35.) See Mahon (2016).

(36.) If deception is disrespectful to research participants, does that mean that it should be forbidden? Not always. In the following section, we describe the conditions that must be met in order to justify research without consent, which includes research that invalidates consent through deception. The considerations described there will also apply to justifying the disrespect inherent in deceiving participants in cases where consent is not undermined. Whether the deception is justified will depend on the strength of the participants’ claim against being deceived, the social value of the research, and how essential the deception is to realizing that social value.

(37.) For an attempt to answer this question in the context of pain research, see Martin and Katz (2010).

(38.) For a recent discussion of these issues, see Ballantyne and Schaefer (2020).

(39.) Here, we are in agreement with Gelinas, Wertheimer, and Miller (2016) and MacKay and Chakrabarti (2019).

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