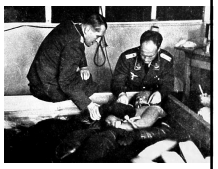
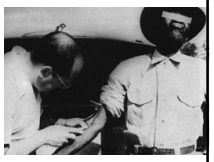
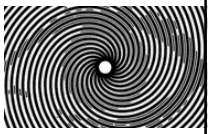
Ethics in Psychology

Why do psychologists need ethical guidelines?







Nazi medical experiments (led to Nuremberg Code 1947, Helsinki Declaration 1964).

U.S. Tuskegee syphilis study (1932-1972).

Big Brother, Derren Brown and reality TV.

Ethical guidelines:

***Belmont Report: Ethical Principles and Guidelines for the Protection of Human Subjects of Research* (1979):**

Three principles for biomedical and behavioural research on humans:

(a) respect for persons (people either have autonomy, or protection if they don't);

(b) beneficence (research should do no harm to participants, and should benefit participants and society),

(c) justice (burden of participation should not be limited to certain groups, and benefits should be available to all).

Psychology-specific codes of practice:

American Psychological Association (APA):

http://www.apa.org/ethics/code2002.pdf

British Psychological Society (BPS):

http://www.bps.org.uk/the-society/code-of-conduct/code-of-conduct_home.cfm

Must be adhered to by ALL psychologists, even at GCSE level!

APA code of conduct:

Basic principles (aspirational):

1. Beneficence and Nonmaleficence.

2. Fidelity and Responsibility.

3. Integrity.

4. Justice.

5. Respect for people's rights and dignity.

Guidelines (obligatory).

Detailed guidelines on good practice.

Principles:

1. Voluntary participation.

2. Informed consent to participate.

3. Right to withdraw at any time.

4. Confidentiality of data.

5. Duty of care by the researcher - participants must be protected from mental and physical harm.

6. Benefits must outweigh the costs to the participant.

Informed consent requires:

Full information.

Voluntary participation.

Consent involves capacity to make a decision - ability to

understand relevant information;

appreciate situation and its consequences;

reason with the information and weigh up consequences logically;

communicate decision.

For informed consent, need full information:

Inform participants about

(1) purpose of the research, expected duration, and procedures;
(2) right to decline to participate and to withdraw once started;
(3) foreseeable consequences of declining or withdrawing;
(4) reasonably foreseeable factors that might affect willingness to participate (e.g. potential risks, discomfort, or adverse effects);
(5) any prospective research benefits;
(6) limits of confidentiality;
(7) incentives for participation;
(8) who to contact for questions.

Researcher should provide opportunity for prospective participants to ask questions and receive answers.

Informed consent and therapeutic treatments, etc.:

Clarify to participants at outset of the research

(1) the treatment's experimental nature;
(2) the services available/unavailable to the control group(s) if appropriate;
(3) the means by which assignment to treatment and control groups will be made;
(4) available treatment alternatives if an individual does not wish to participate in the research or wishes to withdraw once a study has begun;
(5) payment issues.

Informed consent with special groups:

Problem of groups who cannot give informed consent (children, psychotic, demented).

Obtain informed consent from caregivers.

Where procedures involve risk/harm etc., obtain informed consent from the individual as well, plus consult an ethics committee.

Child's avoidance of testing should be taken as withdrawal of consent.

Informed consent and power relationships:

Be aware that prisoners, institutionalised individuals, students may feel they are not in a position to say "no".

Belmont report prohbits *coercion* -

“when an overt threat of harm is intentionally presented by one person to another in order to gain compliance".

But also appies to *implicit* perceived threats.

Crow (2006): costs and benefits of informed consent:

Benefits:

Forces researchers to think more about their research.

Encourages trust and better rapport with participants.

Better recruitment rates.

Costs:

Delays, bureaucracy.

"Middle class" attitudes to informed consent alienate or confuse other social groups and ethnic minorities.

Some "vulnerable" groups become unresearchable because obtaining consent is difficult.

Hawthorne effect.

Inducements to participate:

Should not be excessive.

Should not be used to coerce participation in risky/harmful procedures.

For students, alternatives to research participation should be equally palatable.

Belmont report prohbits *undue influence* -

***"*an offer of an excessive, unwarranted, inappropriate, or improper reward or other overture in order to obtain compliance."**

Use of deception:

Use deception only if unavoidable:

(a) precludes informed consent;

(b) makes people distrustful of psychologists.

Consider participants' reaction to finding out they have been misled.

Debrief participants as soon as possible.

Consult an ethics committee, plus individuals of the community/culture from which participants are taken.

Use of deception:

Deception varies in extent. e.g.:

Participant gives informed consent to participate in one of various conditions, but does not know which one they are allocated to (e.g. drug or placebo).

Participant consents to participate in a study but does not know the full details until afterwards (e.g. vaguely on "memory" or "perception").

Participant consents to participate in a study but is misled about what the study is about (e.g. Milgram's "learning" experiments).

Participant is involved in a study without prior knowledge or consent (e.g. bystander behaviour).

Filming and voice recording:

Experiments, therapy sessions, etc.:

Make/use recordings only with participants' knowledge and consent (afterwards, if deception is involved).

Observational, naturalistic studies in public places:

No knowledge or consent necessary, as long as individuals cannot be identified or harmed. Respect cultural traditions about this, etc.

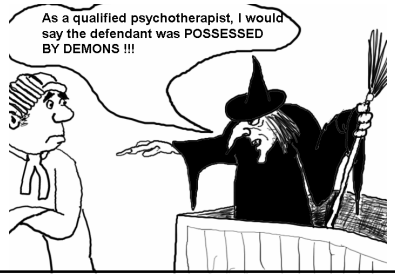
Boundaries of competence:

Important for applied areas (expert witness, therapist, etc.)

Must have appropriate expertise or acquire it.

Must keep knowledge up to date.

Must acknowledge limitations and boundaries when dealing with non-specialists.



Honesty, sharing data:

Be prepared to share your data with others (while maintaining participants' confidentiality).

Avoid plagiarism and fraud.

Confidentiality of data:

Need to maintain records, but -

Data should be anonymous wherever possible.

Only acquire and retain as much personal information as is necessary for the study.

Participants have right to expect their data will be kept confidential; if not, should be warned in advance of participation.

Preserve confidentiality with codes, aliases, etc.

Debriefing:

Give full explanation of what the participant has been involved in.

Avoid evaluative statements.

Consider effects of study on self-esteem, etc.

Provide contact details for follow-up questions.

Does not justify unethical/misleading treatments.

If psychological/physical problems are revealed, researcher should alert participant to these, and refer them to an expert for treatment if necessary.

After debriefing, participants have right to withdraw their consent retrospectively, and to demand destruction of their data and any recordings.

Ethical issues in Internet research (Kraut et al 2004):

Internet surveys, but also "observational" studies e.g. of group dynamics.

Need to distinguish between internet chat rooms (public behaviour open to anyone to observe) and private email correspondence and instant messaging (personal data).

Lack of interactivity poses special issues:

(a) Difficult to ensure informed consent.

(b) Difficult to ensure adequate debriefing.

(c) Need to ensure confidentiality of participants.

(d) Widens access to participation in research (no longer confined to undergraduates).

Summary:

Read the BPS and APA guidelines on ethics.

Think carefully about ethical issues when designing any research.

Use deception only as a last resort.

ALL research at Sussex has to be approved in advance by the Ethics Committee (True of all universities).

Make sure participants are thoroughly debriefed afterwards.