# PRIORITISATION OF COVID-19 RESEARCH: QUESTIONS OF JUSTICE

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## Summary

This policy brief provides a timeline of key decisions on the prioritisation of COVID-19 research and its impact on the UK's biomedical research ecosystem.

To enable decision-makers and policymakers to ethically decide how to prioritise biomedical research, especially in an emergency, the Government should consider these three questions:

- Within the NHS, how will a decision impact other parts of the biomedical ecosystem?

- Would re-prioritisation of research in a pandemic breach patients'/research participants' rights?

- What concerns, in justice, are raised for the researchers themselves?

Investment in an accessible mapping of the biomedical ecosystem alongside a development of a framework around research patients' rights and research justice is needed if these questions are to be adequately addressed.

## COVID-19: PRIORITISATION DECISIONS

In March 2020, when the WHO declared a pandemic in response to the SARS-CoV-2 outbreak, there was sudden pressure to develop and fund clinical research into the novel virus. There followed a great swell of research across the globe, with governments, academics and the pharmaceutical industry all working together to develop solutions to problems posed by COVID-19.

In the UK, as elsewhere, many clinical trials into other diseases were paused to prioritise COVID-19 research and ensure optimal management of COVID-19 patients. By the end of April 2020, almost 90% of non-commercial research funded by the National Institute for Healthcare Research (NIHR)—the largest national clinical research funder in Europe—had been paused. Since summer 2020, the Department of Health and Social Care (DHSC), NHS England, NHS R&D Departments, the NIHR Clinical Research Network (CRN) and others across the clinical research sector have been working to return the UK's research portfolio to a position of balance and diversity. There has been some success in targeted areas, but unlike other countries, the UK struggled to recover research to pre-COVID levels.

The following timeline highlights key decisions during the pandemic to prioritise COVID-19 research and then attempt to 'restart' the rest of the UK's typical biomedical research. The subsequent text focuses on three different stakeholders impacted by these decisions: the NHS, the patient/trial participant, and the researcher. It highlights how broadly framed questions of justice can help evaluate the decisions in the timeline, and future decision-making.

This policy brief is based on the rapid ethics review, produced for the UK Pandemic Ethics Accelerator, on *The Justice of Pandemic Biomedical Research Priorities*.

## Timeline

**11/03/2020** WHO declares Covid-19 a pandemic

**16/03/2020** NIHR prioritises nationally-sponsored COVID-19 research and asks health care professionals on NIHR-funded projects to prioritise frontline care.

**17/03/2020** NHS announces plan to redeploy clinical academics from universities to frontline care.

**19/03/2020** NIHR Clinical Research Network pauses site set-up of any new or ongoing studies at NHS and social care sites that are not nationally prioritised COVID-19 studies.

**20/03/2020** HRA stops applications for undergraduate and master's student projects until further notice. PhD student project applications to continue.

**23/03/2020** Amanda Solloway MP, Minister for Science, Research and Innovation, writes to UK universities and other research institutions to encourage continuation of research where possible.

**29/04/2020** Second phase of NHS response to COVID-19 is announced. NHS request to restart non-COVID-19 urgent services and potentially some routine elective care.

**21/05/2020** NIHR publishes Restart Framework:
The key aims of the framework are to guide the:
1. Restart of paused NIHR research that was underway in the health and care system prior to the COVID-19 'surge';
2. Commencement of 'new' NIHR research; and
3. Prioritisation of resources in the NIHR Clinical Research Network.

**20/09/2020** UK Research and Innovation issues advice on switching currently held research funding to COVID-19 priority areas.

**12/10/2020** As a second wave of coronavirus approaches, NIHR states staff on NIHR-funded projects should be redeployed to the front line only in exceptional circumstances. Restart Framework to continue unchanged in second wave.

**23/03/2021** UK government sets out a "bold vision for the future of clinical research delivery" in its Saving and improving lives: *the future of UK clinical research delivery policy paper*.

**24/05/2021** NIHR moves away from Restart Framework, and issues new guidance on Managed Recovery. The guidance "calls for a coordinated effort across all partners to support the recovery of the portfolio in the national interest."

| 23/06/2021 | UK government issues 'The Future of UK Clinical Research Delivery: 2021 to 2022 implementation plan' backed by over £64 million of dedicated investment (DHSC, 2021b) |
| 22/03/2022 | Letter from DHSC updates plan to 'revitalise' NHS research by identifying studies which require closure because they "are not viable in the current context" in order to give as many studies as possible the chance of completing and yielding results. |

## JUSTICE AND ETHICAL CONSIDERATIONS FOR KEY STAKEHOLDERS

### Within the NHS, how will a decision impact other parts of the biomedical ecosystem?

The loss of commercial research across NHS Trusts during the pandemic is estimated to have generated a deficit of up to £447 million in total in the financial year 2020/2021. Moreover, due to the slower recovery of the UK's research portfolio compared to Europe, a question mark remains over the future of the industry in the UK. Important considerations also emerge about the costs (including opportunity costs) of deploying staff to different roles within the health care system.

### Would re-prioritisation of research in a pandemic breach patients'/research participants' rights?

Policy-makers need to consider the effect that changing research priorities will have on patients with other diseases, for example see here for the Global Impact on Oncology trials. The benefits of increased COVID research might not outweigh the negative impact on all other patients. Furthermore, while there may not be a right to treatment on a trial, there are clear benefits to patients generally in promoting research and furthermore it will not be just to suddenly and unexpectedly withdraw this opportunity, if that decision is an arbitrary application of state power.

However, to have continued with clinical trials as normal would have necessitated actively bringing vulnerable people into high-risk environments. This is an issue both in light of the effect on the individual if they contracted COVID-19, but also for the wider ethics of the trial itself.

### What concerns, in justice, are raised for the researchers themselves?

Outside of pandemic conditions, doctors value research as an important part of their job. Greater consideration might have been paid to the potential psychological effects of research policy decisions on research staff; both those redeployed to the front line and those left in research roles. More nebulous and harder to quantify is the question "Is this the best use of our scientists?" Is forcing scientists to research something they are not passionate about the best use of them as a resource? More case studies like this one focused on a single London NHS trust are needed.

### About this submission

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### Acknowledgments

### References

Full references can be found in the ethics review on which this brief was based: *The Justice of Pandemic Biomedical Research Priorities*

### About the UK Pandemic Ethics Accelerator

The UK Ethics Accelerator is a UKRI/AHRC-funded initiative that aims to bring UK ethics research expertise to bear on the multiple, ongoing ethical challenges arising during a pandemic emergency. We provide rapid evidence, guidance, and critical analysis to decision-makers across science, medicine, government, and public health. We also facilitate public stakeholder deliberation around key ethical challenges.