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Ethics Dumping – How not to do research in resource-poor settings

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Abstract

Ethics dumping is a global phenomenon involving the 'off-shoring' of research. Research that would be prohibited, severely restricted or regarded as highly patronizing in high-income regions is instead conducted in resource-poor settings. Twenty-eight case studies of ethics dumping were examined through inductive thematic analysis to reveal predisposing factors from the perspective of researchers from high-income regions. Six categories were agreed and further illuminated: Patronizing conduct, unfair distribution of benefits and/or burdens, culturally inappropriate conduct, double standards, lack of due diligence and lack of transparency. The ultimate aim of the paper is to deepen understanding of these highly unethical practices amongst *academics who stand against poverty*, leading to their further reduction.

Keywords

Equitable research, ethics dumping, double standards, research ethics, exploitation

Introduction

In the wake of the SARS-CoV-2 pandemic, numerous voices are calling for increased international collaboration in research (Bompart, 2020). Global collab

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rations are said to bring together the best minds for the benefit of all (Kituyi, 2020). Groups like the Organisation for Economic Co-operation and Development (OECD) have long promoted global co-operations as a means of addressing challenges such as climate change, energy security, natural disaster prevention and mitigation, biodiversity protection, and food security (OECD, 2014).

In recognition of the potential benefits of global research (Godoy-Ruiz et al., 2016), many funding streams now actively promote or require collaborative efforts. For example, the Global Challenges Research Fund (GCRF) in the UK is investing heavily in research partnerships to "help create a fairer, healthier, safer and more prosperous world for everyone" (UKRI, 2020 p.2). This trend is particularly evident in health research, where collaborations are meant to address global health disparities and build research capacity in low and middle income countries (LMICs) (Kerasidou, 2019).

However, there is a downside to the internationalization of research: the potential for ethics dumping, a phrase coined by the European Commission (EC) in 2014.

> Due to the progressive globalisation of research activities, the risk is higher that research with sensitive ethical issues is conducted by European organisations outside the EU in a way that would not be accepted in Europe from an ethical point of view. This exportation of these non-compliant research practices is called ethics dumping (EC, n.d.).[2]

Today, six years later, an extended Google search restricted to the exact term 'ethics dumping' generates more than 22,000 entries. Ethics dumping is now recognised as a global phenomenon involving the 'off-shoring' of research that would be prohibited, severely restricted or regarded as highly patronizing in high-income settings to resource-poor settings (Schroeder et al., 2019).

In August 2018, "Europe's biggest research fund [Horizon 2020] crack[ed] down on 'ethics dumping'" (Nordling, 2018) by requiring adherence to the new *Global Code of Conduct for Research in Resource-Poor Settings* (GCC) (Trust, 2018).

The development of the GCC was grounded in real-world experiences of ethics dumping. Via in-depth consultations,[3] extensive international networking and an open case study competition, an array of real-world cases of ethics dumping were collected (Schroeder et al., 2016). These examples were many and varied, spanning a broad range of research disciplines, but they all fulfilled the following criteria:

- An international collaborative project situated in an LMIC with at least one high income country (HIC) partner involved in the case.
- An activity that would be considered unethical, prohibited or severely restricted in the country of the HIC researcher's home institution had taken place.
- The research resulted in harm or exploitation of research participants, local researchers, local communities, LMIC institutions, animals and/or the environment.

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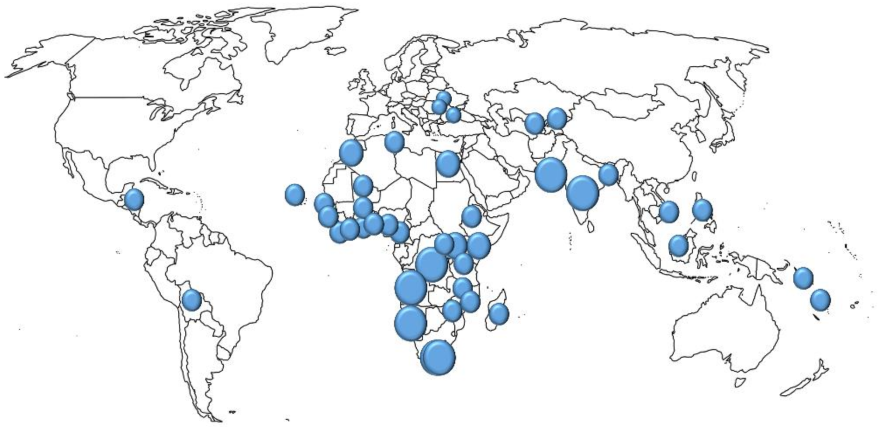
[2] Subsequent to the authors accessing this reference in June 2020 it has been removed from the site.

[3] Consultations ran over three years from 2015 to 2018 with representation from academia, policy makers, policy advisors, industry, over-researched and vulnerable populations in LMICs and research ethics committees in LMICs. The four authors of this paper are co-authors of the code.

Two years on from its launch, the GCC has had stunning success and is currently (Sept. 2020) applied in over 40 countries. It consists of 23 short articles grouped according to the values of fairness, respect, care and honesty, and can be found in Appendix 2.

Diagram 1 – Countries in which the GCC is applied (Sep 2020)



Source: Funding data obtained from the European Commission and the European and Developing Countries Clinical Trials Partnership, a funder that tackles poverty-related diseases. Both adopted the GCC in August 2018.

While the GCC is already applied by many researchers around the world, there remain far more who are yet to understand what ethics dumping looks like and how it can be prevented. To help increase awareness of the phenomenon, varied cases of ethics dumping were collected by Schroeder et al. (2018). Though informative, the heterogeneity of these cases means that researchers may find it difficult to recognize the predisposing factors that might result in ethics dumping.

For this reason, the aim of this article is to provide a thematic categorisation of researcher attitudes and researcher conduct associated with ethics dumping. The ultimate aim is to deepen understanding of this highly unethical practice, leading to its further reduction.

Method

The case studies collected during the development of the GCC provide a considerable amount of rich data about how and why ethics dumping occurs in different environments. This data could be analysed from a multitude of perspectives. For instance, it could be analysed from a legal and regulatory perspective (Andanda et al., 2017) or a gender perspective (Cook, 2020). To ensure practical value for *academics who stand against poverty*, data was analysed from the perspective of HIC researchers with a specific focus on their attitudes and conduct in international collaborative research.

Twenty-eight publicly available ethics dumping cases were analysed independently by two authors of this paper.[4] Inductive thematic analysis of the qualitative data was

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[4] Of the 28 cases, 14 are published in the collection by Schroeder et al. (2018). Other cases were drawn from over 30 that were collected by Dr Vasantha Muthuswamy, Dr Nandini Kumar (Indian co-authors of this paper), Dr Urmila Thatte, Dr Sandhya Kamat and their teams in 2016. Of these, 14 were discussed in detail at a workshop in Mumbai in 2016, with summaries in the public domain (Chatfield et al., 2016).

employed to reveal themes that describe the HIC researchers' attitudes and conduct. Following individual, independent analysis, a further two rounds of collaborative analysis were undertaken until the themes were eventually collapsed into six agreed categories. The categorisation of the 28 publicly available cases is shown in Appendix 1.

It should be noted that qualitative findings are invariably impacted by the perspectives of those who undertake the analysis (Yilmaz, 2013). Hence, the categorisations described by the authors of this paper are not envisioned as definitive. They are *proposed* categorisations for researcher attitudes and conduct that underpin ethics dumping. Nevertheless, the thematic analysis was undertaken by researchers who have been immersed in the topic of ethics dumping for many years and the categorisations are firmly grounded in empirical data. Furthermore, the six categories are not intended to capture every last component of researcher attitudes and conduct. They are intended to reveal the foremost ethics pitfalls for HIC researchers who want to avoid ethics dumping in collaborative research with resource-poor communities.

Findings

Table 1 shows the six agreed categories of researcher attitudes and conduct which underpin ethics dumping and summarises their meanings.

Table 1. Researcher attitudes and conduct that underpin ethics dumping

Category	Meaning
1. Patronizing conduct	HIC researchers adopt a 'we know best' or 'we can do best' attitude towards their LMIC counterparts.
2. Unfair distribution of benefits and/or burdens	Benefits are skewed in favour of the HIC researchers and/or burdens are skewed toward LMIC stakeholders.
3. Culturally inappropriate conduct	Conduct and attitudes are not aligned with LMIC culture and customs.
4. Double standards	Activities are undertaken in the LMIC that would be considered unethical, prohibited or restricted in the HIC.
5. Lack of due diligence	A failure to ensure that conduct is fully tailored to local needs.
6. Lack of transparency	A failure to ensure full understanding of the research by those involved, what it entails and its implications.

Each of the categories is discussed further below, illustrated with short summaries from relevant case studies.

Patronizing conduct

Prominent ethics guidelines stress that research involving vulnerable populations, for instance in LMICs, is only justifiable if it is locally relevant (see for instance, *Declaration of Helsinki* (WMA, 2013, Art. 20)). Yet, local relevance and acceptance of research cannot be straightforwardly deduced from another setting. Instead it requires meaningful input from local communities and researchers. As Emanuel et al. (2004 – emphasis added) explained one and a half decades ago:

> A collaborative partnership between researchers and sponsors in developed countries and researchers, policy makers, and communities in developing countries helps to minimize the possibility of exploitation by ensuring *that a developing country determines for itself whether the research is acceptable and responsive to the community's health problems*.

When local relevance is assumed without local input, a paternalist or patronizing attitude is likely to be at play, formerly the preserve of medical doctors, as captured in the expression "Doctor knows best" (Landsdown, 1994). This can be inferred from the case in Box 1.

Box 1 – A transgenic banana for Uganda

In 2014, a US university aimed to produce a transgenic banana containing beta-carotene to address Vitamin-A deficiency in Uganda. Later the research was abandoned for ethical reasons during human food trials conducted amongst US-based students (e.g. safety issues and undue inducement). However, the study also raised concerns in Uganda about the potential release of the transgenic fruit; the risks of undermining local food and cultural systems; and the risks of reducing banana agrobiodiversity. Uganda is home to non-modified banana varieties that are already higher in beta-carotene than the proposed transgenic variety. Uninvited intrusions into local food systems, which were not matched to local needs, were unwelcome and considered inappropriate (van Niekerk and Wynberg, 2018).

This case illustrates the problems that can arise when well-meaning researchers adopt a patronizing attitude in collaborative research. The researchers' assumption that Vitamin-A deficiency in Uganda should be addressed via the introduction of transgenic bananas failed to take local conditions and preferences into account and therefore wasted a lot of resources.

Why might researchers in a high-income country assume that they know what is best for people in a very different environment? Māori scholar Linda Tuhiwai Smith argues that patronizing researchers can "assume in advance that people [potential research participants or potential collaborators] will not be interested in, or will not understand, the deeper issues" involved in research, an approach she calls "arrogant" (Tuhiwai Smith, 1999, p. 16). Patronizing communication often builds on stereotypes (Ohs, 2017, p. 157) within unequal power relationships (Gervais and Vescio, 2007, p.160). Psychologists term the tendency for stereotype-confirming thought patterns 'implicit bias', and it can lead to discrimination even when people feel they are being fair (Payne et al., 2018). Furthermore, "the historical legacy of discrimination has created structural inequalities that may continue to cue stereotypical associations long after official legal barriers have been removed" (Payne et al., 2019, p. 11694).

HIC researchers can also adopt patronizing attitudes towards research ethics committees and processes in LMICs. Chairs of Kenyan research ethics committees have reported a range of disrespectful and patronizing behaviour by international researchers. In its most patronizing form, HIC researchers declare that local ethics approval is not necessary because the research has already received approval from an HIC ethics committee (Chatfield et al., 2020). However, research ethics committees in resource-poor settings are often the only ones who (can) check whether a study proposed by international researchers is locally and culturally acceptable.

Other instances of disrespectful and patronizing conduct have included investigators' refusal to provide a full break-down of costs; ignoring the Kenyan context and local reporting requirements; demanding swift ethics approval and complaining if such approvals were not forthcoming (Chatfield et al., 2020). This sort of disrespectful and patronizing conduct is not exclusive to international research or collaborations between high-income and lower-income regions; it might also be experienced by members of research ethics committees in HICs. However, there are important ethical differences. Research ethics committees in resource-poor settings are often understaffed and underfunded (Ndebele et al., 2014, Silaigwana and Wassenaar, 2015). For international researchers to *add* burdens and stresses rather than to try and help where they can (e.g. by submitting paperwork in the form required locally), is unethical.

Respect is a term that has two very distinct meanings (Darwall, 1995, p. 183). It can mean a high degree of acceptance or admiration, freely given, as in "I respect the achievements of Nelson Mandela", or it can mean the recognition that others have interests that differ from one's own, and to which appropriate consideration should be given. "This sort of respect … is … owed to all persons" (Darwall, 1995, p. 183), but it is not as freely given as admiration respect. Respect which recognizes that others are different and have different interests needs work, and it becomes more and more important the more heterogeneous a collaboration is, such as in international collaborative research. To be respectful in such collaborations entails due regard for local cultures and systems, including organisational structures, history, customs and norms, relationships with the environment, and other sensitivities (including experience of previous unethical research) (SASI, 2017).

Benefits and/or burdens are unevenly distributed

The fair and non-exploitative distribution of benefits and burdens in any shared social undertaking, such as research, is one of the main prerequisites of ethical conduct (Pogge, 2006). When undertaking research internationally, it is likely that HIC researchers will benefit, given the emphasis in today's research careers on the importance of mobility (Sugimoto et al., 2017). A *Nature* article describes international research trips as "short-term upheaval [that] can yield widespread collaborations and long-term resources" (Gould, 2015,

Box 2 – Exporting valuable samples without benefit sharing

In 1995, a research team from a US university obtained blood samples from tens of thousands of impoverished Chinese villagers. The samples were exported to the US for research into asthma, diabetes, hypertension and other diseases. The project was partly funded by a US pharmaceutical company, which became "the ultimate beneficiary… As part of the agreement signed with the US university, they obtained the genetic information of Anhui farmers and claimed that it owned the relevant patents" (Zhao and Zhang, 2018, p. 76). This resulted in multimillion-dollar investments in the company, while the sample donors received only a free meal and a small amount of money to cover expenses and job leave allowance (up to 3 dollars each) (Zhao and Zhang).

p.245). When HIC researchers exploit their mobility benefits, a fairness issue arises, as can be inferred from the case in Box 2.

This case is a typical example of 'helicopter research', with unevenly distributed benefits and burdens. Minasy and Fiantis (2018) make points similar to Tuhiwai Smith (1999) when they recall many international projects in Indonesia, where "years of research produce(d) little benefit to Indonesian scientists and communities". Like Tuhiwai Smith, Minasy and Fiantis (2018) also associate inequitable international research with the colonial model.

> This neo-colonialist research was conducted by researchers from wealthier countries who have access to funding and new technologies. Most of the researchers work on the assumption that they have the right to study other nation's resources in the name of science.

It is not only local/host researchers at the institutional level who feel exploited or unfairly treated by international researchers. As Petrus Vaalbooi (Trust, 2018a), an indigenous San elder from South Africa, noted in an interview: "Our knowledge has been taken by clever people who come and tempt us with ten Rand or five Rand."[5]

As an extreme example of the unfair distribution of benefits and burdens, Linda Tuhiwai Smith (1999, p. 3) explains that researchers "told us things already known, suggested things that would not work, and made careers for people who already had jobs". She compared some research encountered by indigenous communities to random, damaging "visits by inquisitive and acquisitive strangers" (1999, p. 3) undertaken without the sensitivity to see how the "pursuit of knowledge is [still] deeply embedded in the multiple layers of … colonial practices" (1999, p. 2).

The enduring rage against such neo-colonial, one-sided approaches to research was brought into sharp focus at the start of the SARS-CoV-2 outbreak in Europe via the Twitter hashtag #AfricansAreNotLabRats.

Culturally inappropriate conduct

When HIC researchers are focussed mostly upon their own objectives, they might ignore or overlook important cultural sensitivities in the setting they want to work in. For instance, a senior Kenyan ethics committee chair reported an instance where a community in Kenya refused to take part in a research study when they saw the caduceus symbols on the clothes and equipment of the research staff. In their culture, the snake symbolises the Devil, and members of the potential research community believed that blood was going to be collected by devil worshippers (Chatfield et al., 2020). A case of research where a local community felt mistreated due to a lack of cultural sensitivity and engagement is presented in Box 3.

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[5] Ten Rand is equivalent to 0.52 € or 0.62 US$ (26/10/2020). That this sum is tempting can only be understood in the context of the impoverished community. "Only 1.1 percent of the [South African] San community received tertiary education or other post-school training" (Kollapen, 2004, p. 30) and "poverty is a serious issue" (Kollapen, 2004, p. 30).

Box 3 – Lack of community involvement

In 2010 a genomic research project entitled “Complete Khoisan and Bantu genomes from southern Africa” was published in *Nature* amidst wide publicity. The study involved use of samples taken from impoverished indigenous peoples, the San in Namibia, which were obtained without community approval. The publication featured conclusions and details about the indigenous group as a whole, which the community leadership “regarded as private, pejorative, discriminatory and inappropriate” (Chennells and Steenkamp, 2018, p. 15).

It has long been accepted that some research, in particular genetic research, can have consequences for an entire group/community and should therefore be handled particularly sensitively (Weijer, 1999). The use of genetic samples obtained from a small number of illiterate, highly impoverished indigenous people, without any community engagement, as in the case given, is not ethically justifiable, because it can lead to harm for the entire *group*.

This case shows a failure of respect for participants and the local community on two primary levels. First, conclusions were published that were unrelated to genomic research and for which consent had not been provided, whilst derogatory terms like ‘hunter-gatherer’ were used. Second, local existing community approval systems were ignored. The San have their own customs and systems for approving research (SASI, 2017) which were not followed. Both individual consent *and* community engagement, which would include engaging with local approval structures, are required for good ethical practice (Molyneux and Bull, 2013).

Double Standards

Double standards in research have long been challenged as ethically unacceptable (Macklin, 2014). This type of ethics dumping is particularly worrying because it often represents a *deliberate* attempt to circumnavigate higher ethics governance standards in one location by moving research somewhere else. In deliberate ethics dumping, researchers from HICs are aware of “opportunities” for research in LMICs which would be prohibited or severely restricted at home. These “opportunities” may present themselves because of lack of regulation (Chatfield and Morton, 2018), understaffed and underfunded research ethics committees (Ndebele et al., 2014, Silaigwana and Wassenaar, 2015) or because local communities or individuals are unable to defend their rights and are open to coercive inducements (Novoa-Heckel and Bernabe, 2019, Chennells 2016). A clear case of double standards in research is shown in Box 4.

Box 4 – "Off-shoring" animal research

In 2013 a report in the British press alleged that an academic from a UK university bypassed British law in his research with non-human primates by "off-shoring" his studies to Nairobi, Kenya. The neuroscientist investigated methods for treating conditions such as stroke, spinal cord injury and motor neurone disease. He accepted that the research would not have been allowed in the UK. The non-human primates in the Nairobi facility were also caught in the wild, a method to obtain animals for research which is prohibited in the UK. Hence, this constituted an additional violation of animal welfare standards (Chatfield and Morton, 2018).

Most LMICs have mechanisms to regulate research, at least in the health field, either at the national or institutional level. Most LMICs also have legal requirements for mandatory review and approval by research ethics committees (Silaigwana and Wassenaar, 2015). In Kenya, all research that involves humans or animals has to be approved *locally*, whether or not studies have received approvals from non-Kenyan RECs of collaborating institutions (Chatfield et al., 2020). However, governance standards can vary between countries and in situations where ethical, legal or regulatory standards lack equivalence, researchers might seek "opportunities" to conduct research abroad that would not be permitted at home.

In the case described in Box 4, the researcher side-stepped the higher ethics requirements of the UK by moving his research to Kenya, thereby displaying double ethics standards. Non-human primates' similarity to humans raises specific ethical concerns about their use in scientific experiments, which is why non-human primates are subject to additional protection. Licence holders using non-human primates must demonstrate that no other species are suitable for the purposes of the licence and must adhere to specific licence conditions (GOV.UK, 2020). Birth records are now required for non-primates used in research to show that they have not been taken from the wild.

Deliberate circumvention of ethical and regulatory requirements might also occur *within* high-income settings. However, the penalties (both legal and professional) for any researcher acting in this way are serious. Such conduct is far more likely to pass unnoticed or unchallenged if it takes place in resource-poor settings, where protection mechanisms are fragile, or individuals may not be aware of their rights and may also assume that in all cases members of international organisations have come to help them (Luc and Altare, 2018). The circumvention of established, but under-resourced, protection mechanisms for research involving vulnerable individuals is a particularly worrying form of ethics dumping. For instance, "during the height of the Ebola virus disease surge in Liberia in 2014, there was a fragile national regulatory framework to oversee research. Some researchers took undue advantage of this gap to conduct unethical research" (Tegli, 2018, p. 115).

Lack of due diligence

When researchers fail in their duty of care in collaborative research, the resultant neglect can take a variety of forms. For instance, informed consent procedures might not be adequately tailored to local requirements, or the local impacts of hosting the research might deplete the community of valuable resources (like health care staff). Additionally, travelling researchers may overlook the need for special measures to protect the interests of people who are particularly vulnerable to certain risks, as illustrated in Box 5.

Box 5 – Stigmatization of sex workers

Sex workers are highly sought after as participants in health research, primarily for investigations into sexually transmitted diseases, including HIV. In Nairobi there are tens of thousands of sex workers, many of whom are the primary wage earners for their families. Many are illiterate, and many also have mental health and/or addiction problems. Access to conventional medical treatment can be challenging for sex workers in Kenya, where sex work is illegal. Hence, access to health care via research and financial rewards can be an attractive proposition. However, there is a lot of stigma attached to being a sex worker and/or for being HIV positive. Sex is not spoken of openly, and HIV positive people do not normally reveal their status. Given this stigma and the illegal status of sex work, there is always a fear about maintaining the confidentiality of participation in research (Chatfield et al., 2016).

Sex work is illegal in many countries, including in Kenya. In addition, even where it is not illegal, sex work is highly stigmatized and “seen as an ‘immoral activity’ rather than a form of labour. Many believe that sex workers deserve to be punished” (Tukai, 2018, p. 27). Researchers who come from more liberal countries might not be fully aware of the high risks people can face when being identified as sex workers (Dewey and Zheng, 2013, p. 28). These risks can be increased for same-sex or trans-sex workers. Researchers might release research participant names to the police voluntarily (for example, in an effort to report physical abuse they have observed), or involuntarily (through breaches of confidentiality after obtaining personal data). However, simply being visible in a locality as an international researcher and interacting with potential participants can also put community members at risk.

Crossing borders and cultures means that the knowledge one has about research participant welfare may not suffice to ascertain risks, including privacy risks. However, ignorance of local laws, customs and culture is no excuse for ethics dumping. Deleterious impacts upon the recipient are no less harmful if inflicted unintentionally. Researchers have a responsibility to use due diligence when they work in unfamiliar environments. Potential research participants, communities and local collaborators are best placed to ensure that benefits of research are increased, burdens and risks decreased, and that the research is tailored to local needs and contexts.

Lack of transparency

In research ethics, honesty concerns are often about lack of transparency about the funding situation, the purpose of the research, how it will be conducted, the potential harms and benefits, what will happen to the data/samples that are taken, and any changes that might occur during the process. The case in Box 6 exemplifies the problems that can occur when researchers fail to ensure transparency.

Box 6 – Misleading consent process

Following the catastrophic epidemic of Ebola in 2013 in Western Africa, efforts to develop an effective vaccine included a plan for an HIC pharmaceutical company to conduct a phase I/II study in an African country which had not had any registered cases of the disease. The study aimed to recruit 200 adults and 200 children but was suspended when members of the public expressed concerns. Aside from having no direct relevance in this country (given that no Ebola cases had been experienced) and, therefore, no possible benefit, there were numerous problems with the informed consent procedure. In particular, the information given to potential research participants was highly misleading, as they were led to believe that an Ebola *vaccine* was going be tested rather than an Ebola *candidate vaccine*. Potential participants were at risk of believing they were receiving a direct benefit should they be exposed to Ebola. Additionally, the five-page information leaflet was full of technical terminology and not tailored for local understanding (Tangwa et al., 2018).

Therapeutic misconception refers to the belief that study participation will provide benefit(s) to the participant. Studies have shown that motivations to join a study are often based upon expectations about the possibility of obtaining medical care or drugs, or better medical care (Kass et al., 2005). As such, an informed consent process that lacks transparency is highly ethically problematic.

Informed consent is universally recognized as a central component of ethical conduct in research with humans (Marshall, 2006), and a prerequisite of informed consent is that participants understand what they are consenting to. The differences in understanding between well-educated and less well-educated potential research participants can be problematic in terms of informed consent success. A person spending more time talking one-on-one to potential participants appears to be the most effective available way of improving research participants’ understanding, and thus the quality of their consent (Flory and Emanuel, 2004).

At the same time, transparency is not only about communication between researchers and research participants. It is equally important that research teams from HICs and LMICs work out a distribution of labour in a transparent manner.

What can academics resolved to stand against poverty do against ethics dumping?

What can *academics resolved to stand against poverty* do against ethics dumping? An easy answer to this question can be given for *deliberate* ethics dumping. For instance, where double standards are purposefully exploited to “off-shore” research that would not be permitted at home, refraining from this activity is the obvious solution. Research has shown that unethical conduct is sometimes legitimized as good for science (Johnson and Ecklund, 2016). However, good for science, or even good for poverty reduction, are not valid reasons (excuses) for ethics dumping. The avoidance of deliberate ethics dumping requires that ethical conduct is prioritized at all times over achieving short-cuts to further academic careers or scientific progress or even poverty reduction.

There are also pragmatic reasons for avoiding ethics dumping, as it is becoming more and more known and guarded against by institutions and funders. For instance, a US scientist who was allegedly involved in the infamous Chinese CRISPR babies' case[6] by giving advice and credence to his former PhD student's experiments, faced very serious consequences. "The nature of the incident would be quite different with or without his involvement," a genome-editing pioneer said in an interview with Qui (2019). The experiment could not have been undertaken in the US, and the US scientist lost his job as a result of allegations of ethics dumping (Qui, 2019).

Some straightforward answers can also be given for *helicopter research*, which distributes the benefits and burdens of research unfairly. This type of research is easily recognizable, and many efforts are underway to stop it. For instance, in 2018 a group of Africa-based researchers published guidelines for the ethical handling of genetic samples (Nordling 2018, Yakubu et al., 2018). But the prevention of helicopter research becomes more complex where neo-colonialist attitudes and patronizing conduct are at play (Minasy and Fiantis, 2018).

Ethics dumping, which is based on ethics blind-spots or culturally inappropriate or patronizing conduct, is difficult to tackle. Locally inappropriate or irrelevant research, as well as culturally inappropriate research, might fall into this category. Ethics blind spots, as the term suggests, are problematic because they are hidden from the view of those who hold them and unethical behaviour often stems from actions that are not recognized as unethical (Sezer et al., 2015). Some blind spots are caused by lack of knowledge or experience. These should be the easiest to address through due diligence, mentoring by more experienced colleagues and careful planning. However, other blind spots are deep-rooted and harder to address. Where the legacy of colonialism and other forms of oppression persist, these deeply held stereotypical notions can impact upon the research designs/ approaches of even the most well-intentioned researchers.

Fresh impetus against patronising, "neo-colonialist attitudes" (Reddy, 2019) in research has come in the wake of the tragic death of George Floyd in 2020. To reduce racism in science and academia (Nature, 2020), world-wide efforts have been catalysed to transform science and academia into a safer, more inclusive environment (Gwynne, 2020) and to "amplify marginalized voices" (Nature 2020). At the same time, one can also see the emergence of 'black bioethics' as a consequence of social issues and discrimination becoming more prominent in the wake of the SARS-CoV-2 pandemic, which are not discussed in conventional bioethics. Bioethics' unwillingness to bend to cultural and professional shifts has created the need for black bioethics (Keisha Ray, 2020).

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[6] CRISPR stands for "Clustered Regularly Interspaced Short Palindromic Repeats". CRISPR gene editing is a technology which allows the modification of genomes of living organisms. In 2018, Chinese scientist He Jiankui used the technology, against an international consensus to embargo the technique for humans, on two embryos to achieve an innate resistance to HIV. The experiment was condemned internationally and He Jiankui was sentenced to three years imprisonment and required to pay a significant fine.

Overall, the best antidote against ethics dumping is *strong links and collaborations* between travelling and local researchers, as well as the communities in which the research is situated. This implies that potential research participants, researchers and community representatives in resource-poor settings are involved meaningfully in *all* phases of the research from planning to evaluation. Academics who stand against poverty should therefore take note of Nelson Mandela's famous quote: "Everything that is done for me without me is done against me."

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Appendix 1 – Analysed Ethics Dumping Cases

Good practice cases are marked with a ✓. For good practice cases the relevant category was negated to arrive at a suitable categorisation. Hence, a good practice case study on culturally appropriate conduct was changed to ‘Culturally inappropriate conduct’, or a good practice case study on due diligence was changed to ‘No due diligence’.

Table 2 Categorisation of Ethics Dumping Cases from Springer Publication

Case study title	Short description of main ethical issue	GCC article and value	Short categorisation
1. Social Science Research in a Humanitarian Emergency Context (Luc and Altare, 2018)	Research *and* emergency support were provided to an LMIC community by a European NGO. The “dual role … endangered the neutrality of the data collection and … the acceptability of the NGO as assistance provider”.	Honesty Art 21 GCC	No due diligence
2. International Genomics Research Involving the San People (Chennells and Steenkamp, 2018)	A genomics research project involving the indigenous San population led to the publication of “private, pejorative, discriminatory and inappropriate” information, being regarded as an “insult” by the community itself.	Respect Art 8 GCC	Culturally inappropriate conduct
3. Sex Workers Involved in HIV/AIDS Research (Tukai, 2018)	✓ The good practice case study described ethically highly complex research involving sex workers in Nairobi whose work is “classified … as illegal” and regarded as an “’immoral activity’ rather than a form of labour”.	Care Art 15 GCC	No due diligence
4. Cervical Cancer Screening in India (Srinivasan et al., 2018)	Three clinical trials on cervical cancer screening methods were conducted in India from 1998 to 2015. “Two hundred and fifty-four women in the no-screening arm	Care Art 14 GCC	Double standards

	died due to cervical cancer.” “A no-screening control arm would not have been allowed in the USA, but was accepted by the US funders for clinical trials in India.”		
5. Ebola Vaccine Trials (Tangwa et al., 2018)	Ebola vaccine trials in a West African country were abandoned before completion due to major ethical issues. The country “had not registered any cases of the Ebola virus disease”.	Fairness Art 1 GCC	Unfair distribution of benefits and/or burdens
6. Hepatitis B Study with Gender Inequities (Kubar, 2018)	A clinical trial to investigate the safety of a Hepatitis B vaccine was proposed in Russia. The study imposed risks on female partners of male research participants “without their informed consent”.	Fairness Art 2 GCC	Unfair distribution of benefits and/or burdens
7. Healthy Volunteers in Clinical Studies (Leisinger et al., 2018)	Dangerous double enrolment in clinical studies takes place in LMICs in order to obtain “a critical source of income”.	Care Art 15	No due diligence
8. An International Collaborative Genetic Research Project Conducted in China (Zhao and Zhang, 2018)	Export of highly valuable blood samples from rural China with US partner “benefitting substantially” from the sample sale whilst exploiting “local individual citizens… the local scientific community … and the country’s national interest”.	Fairness Art 6	Unfair distribution of benefits and/or burdens
9. The Use of Non-human Primates in Research (Chatfield and Morton, 2018)	Off-shoring neurological research on non-human primates from the UK to Kenya in violation of UK animal welfare legislation.	Care Art 17	Double standards
10. Human Food Trial of a Transgenic Fruit (van Niekerk and Wynberg, 2018)	US project to develop a genetically modified banana to resolve malnutrition issues in Uganda not adapted to local health needs and “undermining local food and cultural systems … [by] imposing inappropriate	Fairness Art 1 GCC	Patronizing conduct

	solutions”.		
11. ICT and Mobile Data for Health Research (Coles, Wathuta and Andanda, 2018)	The case examined the ethics risks of using mobile phone technology in health research in LMICs. A special emphasis was given to possible “privacy violations”.	Care[7] Art 23 GCC	No due diligence
12. Safety and Security Risks of CRISPR/Cas9 (Rath, 2018)	The case examined the ethics risks of CRISPR/Cas9 technology used in LMICs. A concrete case on the same topic was published in the Economist (2019).	Care Art 18 GCC	Double standards
13. Seeking Retrospective Approval for a Study in Resource-Constrained Liberia (Tegli, 2018)	A social science study on the Ebola virus disease was undertaken in Liberia in 2014 without local ethics approval. “Researchers took undue advantage” of “a fragile national regulatory framework”.	Respect Art 10 GCC	Double standards
14. Legal and Ethical Issues of Justice: Global and Local Perspectives on Compensation for Serious Adverse Events in Clinical Trials (Cong, 2018)	A 78-year-old Chinese woman was refused compensation for a serious adverse event in a clinical trial where a pharmaceutical company exploited an “immature legal system and … research participants’ … limited resources”. The Chinese woman won her legal case after five years.	Care Art 14 GCC	Double standards

Table 3 – Categorisation of Ethics Dumping Cases from Mumbai Workshop (all in Chatfield et al., 2016)

Case study area	**Short description**	**GCC article and value**	**Short categorisation**
15. Demonstration project of the human	The study population for this demonstration project of the HPV vaccine were teenage girls. “Informed consent was provided by school heads and hostel wardens in place of assent from the girls	Care Art 12	No due diligence

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[7] Art 23 of the GCC is linked to Honesty, but here we grouped it with Care. When the GCC is updated, this change is likely to be included.

papillomavirus (HPV) vaccine	and consent from their parents or legally authorized representatives."		
16. Phase III drug trial	It was shown that a drug under consideration in a phase III trial in India "induced bladder tumours in mice and rats". "Indian law requires that carcinogenicity studies need to be completed before phase III studies, whereas European laws state that carcinogenicity studies can run parallel to clinical trials". As a result of this discrepancy, "no compensation or support would be available" to those participants of the Indian study who developed cancer as a result of the phase III trial.	Care Art 14 GCC	Double standards
17. Post-trial access to treatments	A patient was given a trial drug for a chronic condition and taken off his current treatment. The experimental drug led to an improvement of his health, "but as soon as the study ended the participant was taken off the study drug."	Care No article[8]	Unfair distribution of benefits and/or burdens
18. Experiments on Bhopal Gas tragedy survivors	Survivors of the Bhopal Gas tragedy were involved in medical research. "Many of these patients were not aware that they were participating in a clinical/ drug trial and at least ten serious adverse events were noted. No informed consent was sought."	Care Art 12	Unfair distribution of benefits and/or burdens
19. HIV vaccine trial	✓ A good practice case about an HIV vaccine trial where "the local communities were involved at every stage of planning and implementation, and social and cultural values were respected and given due consideration."	Respect Art 8 GCC	Culturally inappropriate conduct
20. Initiative to reduce neonatal mortality through home-based	A study aimed to reduce neonatal mortality through home-based neonatal care from 'trained health workers' was conducted with a control group. "The 'control' village were knowingly denied access to care."	Care Art 14 GCC	Double standards

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[8] When the GCC was drafted, it was decided not to include post-trial obligations, as they are only relevant to medical research, whilst the GCC is cross-disciplinary.

neonatal care			
21. Recording, monitoring & reporting of adverse events	✓ The good practice case study requested “a local site Data and Safety Monitoring Board … in multicentre, multinational trials involving human participants” so that “the pooling of data from different regions [w]ould [not] result in masking the severity of some” adverse events and serious adverse events.	No ethics dumping potential apparent	
22. Consent for secondary use of samples	✓ The good practice case study requested that samples for which no consent for secondary use had been obtained should “under no condition … be sent abroad.”	Fairness Art 6 GCC	Unfair distribution of benefits and/or burdens
23. Genomic study conducted in a tribal population	No local ethics approval was sought for a genomic study involving an Indian tribal population.	Respect Art 10 GCC	Patronizing conduct
24. Paediatric study	A study involving children and pre-teens provided an “information sheet [which was] … deemed inappropriate for the participants”. “Problems with [the] automatic import of documents from the Western context were highlighted.”	Care Art 12 GCC	Culturally inappropriate conduct
25. Authorship credit	✓ A good practice case study “noted that formal Memorandums of Understanding were developed in consultation with local collaborating institutes before the start of the project. Engagement between the overseas partners and local collaborators was undertaken iteratively and regularly during the various stages of the project’s life span. And an approach about how decisions on authorship were to be made was agreed early on in the project.”	Honesty Art 20 GCC	Lack of transparency
26. Large vaccine study	✓ A good practice case about a vaccine study, where “dialogue and continued communication with the local community – by research staff, investigators, and	Fairness Art 2	Lack of transparency

	fieldworkers" was organised.		
27. Phase I/II trial	A phase I/II trial conducted "in spite of a pending request from his own local ethics committee for more preclinical data before approval could be granted".	Care	Patronizing conduct
28. Herbal product	An "unqualified practitioner" had interested foreign parties in a herbal product. "The international collaborators were interested in funding research without knowledge about the ethical and other regulatory requirements for undertaking such research in India."	Fairness Art 4	No due diligence