The Investigator in Human Subject Research

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As a presenter in an activity accredited by the Qatar Council for Healthcare Practitioners (QCHP) Accreditation Department, I am committed to providing transparency for any and all external relationships prior to giving an academic presentation

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DOES NOT have relevant financial interest in commercial products or services as defined by the ACCME
There is nothing either good or bad, but thinking makes it so...

Hamlet, Act 2, Scene 2, William Shakespeare
An alternative medicine conference has ended in chaos in Germany after dozens of delegates took a LSD-like drug and started suffering from hallucinations.

Broadcaster **NDR** described the 29 men and women “staggering around, rolling in a meadow, talking gibberish and suffering severe cramps”.

The group of "Heilpraktikiers" was discovered at the hotel where they held their conference in the town of Handeloh, south of Hamburg, on Friday.
Clinician

- Best care
- Clinical training
- Based on guidelines
- Flexible
- Approved and tested treatments
- Implied consent
- Variable team expertise
- Variable follow-up
- Not always standardised
- Time
You Just have to navigate
Investigator

- Clinical and research training
- Based on protocol
- Rigid
- Untested treatments
- Uncharted waters
- Written consent
- Fixed follow-up
- Standardised measurements
- Time
Investigator

- The rights, safety, and well-being of the trial subjects are the most important considerations and should prevail over interests of science and society.
- Clinical trials should be scientifically sound, and described in a clear, detailed protocol.
- The medical care given to, and medical decisions made on behalf of, subjects should always be the responsibility of a qualified physician.
- Each individual involved in conducting a trial should be qualified by education, training, and experience to perform his or her respective task(s).
- Systems with procedures that assure the quality of every aspect of the trial should be implemented.
## Research Cultures

<table>
<thead>
<tr>
<th>Good Cultures</th>
<th>Bad Cultures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shared Explicit Objective</td>
<td>Everybody pulls in different directions</td>
</tr>
<tr>
<td>Shared Language</td>
<td>Different beliefs</td>
</tr>
<tr>
<td>Shared Conception of issues</td>
<td>Different values</td>
</tr>
<tr>
<td>Agreement about what knowledge is and how to get it</td>
<td>Different conception of issues</td>
</tr>
</tbody>
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Why Do Research?

Because:

• It’s the thing to do (peer pressure)
• It’s a challenge (personal development)
• It’s fun to do (personal development)
• Want to learn more (personal development)
• Asked to do it (peer pressure)
• Good for CV (personal development)
• Money
Because

There is a gap in our knowledge regarding:

i. Disease mechanisms
ii. Disease diagnosis
iii. Disease treatment
iv. Disease prognosis
v. Service development
Clinician-Investigator

- Red tape
- Unnecessary practices
- Institutional mismatch
- Nannysm: Eliminate schoolyard games such as dodge ball because it can be too violent or tag because it can hurt feelings of other children.
Patient

- Best doctor
- Best team
- Best explanation
- Best treatment
- Best equipment
- Best place
- Best and convenient time
Qatar

- US approach
- Suitable investigators
- Appropriate support
- Lack of infrastructure
- Unrealistic expectations
- All or none approach
A life spent making mistakes is not only more honorable, but more useful than a life spent doing nothing.

**George Bernard Shaw**