Canada to reconsider ethics of placebo-controlled trials

Later this month, scientists, ethicists and policy-makers will start debating the use of placebos in drug trials as the first step in putting a made-in-Canada stamp on this global discussion.

Participants in the Mar. 22–23 National Conference on Appropriate Placebo Use in Clinical Trials, jointly sponsored in Ottawa by Health Canada and the Canadian Institutes of Health Research (CIHR), will create draft recommendations for a unified policy on the use of placebos. A final report is expected in about a year.

"We're looking for a basis to move forward in policy development," says Dr. Robert Peterson, director of Health Canada's Therapeutic Products Directorate. "Health Canada is intimately aware of the sensitivity of this area. We don't want a lack of clarity."

In Canada, research ethics guidelines now differ from regulatory policy with respect to the ethical use of placebos in clinical trials. Regardless of the nature of the trial, proponents say a single policy would be less confusing, be subject to less interpretation and would provide assurances to the public and research subjects.

"The more harmonization the better," agrees CIHR President Alan Bernstein. "We'll see what comes out of the discussions [this month]. I think it's a controversial area."

Currently, researchers who depend on funding from CIHR must abide by the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans* (1998). Meanwhile, industry and regulators, including Health Canada, follow the International Conference on Harmonisation's (ICH) *Harmonised Tripartite Guideline for Good Clinical Practice*.

Further complicating the matter is an oft-cited international document, the World Medical Association's *Declaration of Helsinki* (1964). That document and the Canadian tri-council statement both prohibit placebo-controlled trials if there is an existing, effective therapy available, and they deem placebo-controlled trials that deprive people of effective treatment unethical.

However, Health Canada follows the ICH guidelines, which provide conflicting directions. One ICH document (E-10) allows the use of placebo controls even when effective treatment exists as long as subjects are not exposed to the risk of death or permanent injury. A contradictory document (E-6) directs that trials be conducted in accordance with the *Declaration of Helsinki*.

Peterson says Health Canada supports the ICH guidelines because Canada agreed to participate in that group and helped develop its policies. The ICH is a committee with representatives industry and regulatory authorities in Europe, Japan and the US. Health Canada is an observer and sits on the steering committee.

Peterson says both the Helsinki and Tri-council documents are in flux. "We're seeking a made-in-Canada solution to this debate." For information on the National Placebo Initiative including the March conference, visit **www.cihr.ca/placebo/placebo_e.shtml**. — *Barbara Sibbald*, CMAJ

Sleep position can affect shape of babies' heads, hospital warns

An Ontario hospital says the campaign to prevent sudden infant death syndrome (SIDS) by ensuring that babies sleep on their backs is having an unexpected side effect. Staff at the Children's Hospital of Eastern Ontario (CHEO) in Ottawa are advising local physicians that babies may develop flattening on one side of the head and related problems if they always sleep in the same position; permanent deformation can occur if the condition is not corrected early. Although the effects of occipital plagiocephaly are mainly cosmetic, the hospital says the condition may "lead to long-term social and emotional consequences."

By fall 2001, CHEO's Neurosurgery Clinic had already seen 207 children with the condition, compared with 5 children in all of 1994. Staff began noticing an increase after a SIDS-awareness campaign promoting sleep in the supine position was launched in 1999; 84 cases of occipital plagiocephaly were reported at CHEO that year and 126 in 2000, and it now gives brochures to FPs, pediatricians and parents. "We advocate that doctors tell parents about routinely changing the baby's orientation in the crib, as well as encouraging lots of early tummy play and keeping babies off of their backs when they're awake," says nurse practitioner Karen Dubé.

CHEO

Kate Chaibai, 1, wears a helmet to correct occipital plagiocephaly

The Canadian Paediatric Society agrees. Its position statement says babies should be placed on the back to sleep, but in different positions on alternate days.

If a problem with skull shape is discovered early enough, a simple change in sleeping position can help, but in more serious cases a corrective helmet may be needed for a minimum of 6 months. The brochure says babies should continue to sleep on their back but their position in the crib should be changed regularly, with the head at a different end of the crib each night. (This will make it more likely that they will alternate which side of their head they sleep upon.)

Dr. Keith Aronyk, a pediatric neurosurgeon, says the Stollery Children's Hospital in Edmonton regularly sees babies with occipital plagiocephaly, and it has begun educating public-health nurses, pediatric residents and students.

Health Canada says the benefits from sleeping on the back still far outweigh any potential risks posed by occipital plagiocephaly (**www.hc-sc.gc.ca/english/media/releases/2001/2001_113e.htm**). It notes that the number of SIDS-related deaths in Canada has declined from 385 in 1989 to 138 in 1999, the year the anti-SIDS campaign was launched. — *Janis Hass*, Ottawa