

# Ethics & Medical Research

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## The Researcher-Subject Relationship

As you read the material for the next class, keep the questions below in mind. To answer these questions you will have to reflect critically on what you have read and possibly re-read important passages. Keep in mind that there are two basic kinds of information that you need to look for in the readings:

1. What are the main points or conclusions that an author accepts with respect to a particular issue?
2. What are the reasons, important considerations, and evidence that lead the author to accept that conclusion?

For our purposes, *it is information of the second sort that will be our primary concern* since our most basic task is to *evaluate the reasons and evidence* that are offered to support accepting one possible conclusion about an issue, rather than another.

Although I strongly suggest that you write out brief answers to these questions, you do not have to turn in written responses. You do, however, need to be prepared to speak intelligently to these issues in the next class meeting.

### Readings

- Paul Miller & Charles Weijer, "Fiduciary Obligation in Clinical Research" (PDF on webpage).

### Questions

1. According to Miller and Weijer, what characterizes a fiduciary relationship? Why does such a relationship involve structural (and not merely circumstantial) inequality and vulnerability? What argument do Miller and Weijer provide to justify that the researcher-subject relationship ought to be recognized as fiduciary?
2. Once a relationship is established as fiduciary, what are the three fiduciary obligations that the fiduciary party owes to the beneficiary party? According to Miller and Weijer, why does the structural inequality and vulnerability of a fiduciary relationship entail these obligations?
3. How do these three obligations apply specifically to the fiduciary relationship between researcher and subject? What implications does this have for that particular relationship? Why do Miller and Weijer believe this account is important for responding to criticism of clinical equipoise?