

NAPNAP Position Statement on Protection of Children Involved in Research Studies

National Association of Pediatric Nurse Practitioners, Research Committee, *
Monica R. Ordway, PhD, APRN, PPCNP-BC,
Jessica Bahorski, PhD, APRN, PPCNP-BC, WHNP-BC,
Regena Spratling, PhD, RN, APRN, CPNP,
Jennifer T. Sonney, PHD, ARNP, PPCNP-BC, &
Cynthia A. Danford, Lestishock, PhD, CRNP, PPCNP-BC, CPNP-PC

The National Association of Pediatric Nurse Practitioners (NAPNAP) recognizes the critical importance of evidence-based practice that is founded on sound and rigorous research, including research involving children. Practice improvements and changes stem from research findings that are applied to clinical assessments, decisions, and care. Pediatric research includes infants, children, adolescents, and often their primary caregivers and family members. Those below the age of 18 years are defined to be a vulnerable population of research participants by not being able to provide fully informed consent regarding

their participation in research (United States Department of Health and Human Services [USDHHS], 2010). Therefore, as a vulnerable research population, they require specific safeguards.

Pediatric-focused advanced practice registered nurses (APRNs) serve as advocates for families considering participation in research by ensuring that adequate and understandable verbal and written information is provided regarding the risks and benefits of participation. The pediatric-focused APRN should help parents and legal guardians (hereafter referred to as parents) understand their right to be informed about the research before participation. Parents should ask questions about the focus of the study, participant obligations, foreseeable adverse events, history of related trials, safety provisions, alternative treatment options, and potential outcomes of the study. The pediatric-focused APRN needs to be fully informed about the ethical issues involved in conducting research with children. These ethical issues center on criteria that must be considered by parents entrusted to act in the best interests of their children and those who are legally responsible for decisions regarding research participation (Institute of Medicine, 2004). Moreover, when APRNs are involved in research with their patients, the patient's best interests become entangled with the interests of the research study, and there is a temporary shift in the role of the APRN from clinician to researcher, and this necessitates understanding the legal, auditing, and compliance procedures required to research with children (for review, see Rose [2017a, 2017b]).

Conflicts of interest: None to report.

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This document replaces the 2015 "NAPNAP Position Statement on Protection of Children Involved in Research Studies." All regular position statements from the National Association of Pediatric Nurse Practitioners automatically expire 5 years after publication unless reaffirmed, revised, or retired at or before that time.

Correspondence: National Association of Pediatric Nurse Practitioners, 5 Hanover Square, Suite 1401, New York, NY 10004

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INFORMED CONSENT AND/OR ASSENT

Consent should be given only after a clear and understandable verbal and written explanation of the study purpose, procedures, and risks and benefits of participation have been provided, with the provision of medical translation services as necessary. It should be clearly stated that participation in the research is voluntary and that nonparticipation in or subsequent withdrawal from the research will not affect the care and treatment that the child would otherwise receive. Adequate time must be allowed for both the child and family to ask questions about the research, to receive answers and gain understanding before obtaining consent and/or assent from the child, and consent from the parent or legal guardian. Written consent and/or assent should be developed with consideration of the literacy and language of the child and parent (Davies, Phillips, Preston, & Stones, 2019). In addition, the parents of acutely and critically ill children also require compassion, empathy, and appropriate timing in the discussion of research participation relative to their immediate care needs (Lebet, Fineman, Faustino, & Curley, 2013). In addition to parent consent, children are asked to provide verbal and written assent when they are developmentally able to understand and indicate their preferences about research participation (Davies et al., 2019; Lo, 2010). The decision to obtain assent from a child depends on age, maturity, and psychological state (USDHHS, 2010). Assent during research is also constrained by state-specific laws (English, Bass, Boyle, & Eshragh, 2010). The institutional review board (IRB), under state law, may provide a waiver of permission for parent or guardian in advance of a child subject's enrollment, only if there is a court order declaring that the minor is emancipated or the child's consent is permissible under state law (i.e., outpatient mental health, treatment for a sexually transmitted infection, or treatment for alcohol or drug dependence). The National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research (1977), recommended that an IRB can determine the circumstances in which parental permission is not a reasonable requirement, including:

1. Research related to the incidence or treatment of certain conditions in adolescents for which they may receive treatment without a parent or legal guardian consent.
2. Research in which the participants are mature minors and the research entails no more than minimal risk that participants might reasonably assume on their own.
3. Research designed to meet the needs of children designated by their parents as requiring supervision.
4. Research involving children whose parents are legally or functionally incompetent.

RISK AND/OR BENEFITS

Studies should be designed to enhance the potential benefits to the child and family and minimize the potential risks.

Benefits from a study may not directly impact the child but may advance knowledge in general. Studies that do not directly benefit the child should involve no more than minimal risk. Risks for children involved in research may include physical or psychological harm, pain, discomfort, and anxiety to the child and/or family. The child's level of development, relationship to parents, and previous experience in the health care environment must be considered when planning research (Phillips, Davies, Preston, & Stones, 2019). Special populations of children, such as children with a chronic or terminal illness, children with special health care needs, and children with disabilities, need extra protection.

All research studies involving children should be reviewed and approved by an IRB that protects the rights and welfare of children and families who participate in research. The IRB should ensure that ethical principles governing the protection of research participants, as well as federal regulations, state law, and local institutional policy are applied to research activities. Parents should be provided contact information for the research team and the local IRB in case of questions or concerns. Children should have equal access to existing and emerging therapeutic treatments and be included in formal clinical pharmaceutical studies when the drug offers potential benefits to them (Shaddy, Denne, Committee on Drugs, & Committee on Pediatric Research, 2010). In most cases, treatment or intervention studies involving children should be preceded by adult clinical trials to provide preliminary pharmacokinetic, safety, and efficacy data. In some instances, drugs and interventions intended to treat specific diseases that primarily or exclusively occur in children may be studied initially in children.

ADDITIONAL CONSIDERATIONS Technology

With the rise in social media, children's first footprints have become digital, and researchers have identified social media as a venue for collecting a large amount of data from potential participants of all levels of education, income, and environments (rural and urban) at low-cost and high-speed (Arigo, Pagoto, Carter-Harris, Lillie, & Nebeker, 2018). Social media research is likely to complicate the activities of IRBs, including ethical evaluation of recruitment, tracking, and research methodology that extend beyond the Belmont Principles. Hence, there is a need for clear guidelines when engaging children in online research to avoid anything currently known, or that may be developed in the future that may increase their vulnerability (Arigo et al., 2018).

The increase in mobile health (mHealth) through expanding technologies, such as mobile applications or "apps" and wearable devices, presents similar challenges to social media research. In response, a network of 500+ (and growing) global researchers, ethicists, regulators, and technologists developed a free, web-based resource to bridge the gap between researchers who capture personal health information via mobile apps, imaging, pervasive sensing, social media, and geolocation tracking tools, and IRBs who are

responsible for reviewing research studies—connected and open research ethics (Torous & Nebeker, 2017).

Biological Measures

Another area of increased health research is the collection of genetic material stored in biorepositories for ongoing or future research. The Genetic Information Nondiscrimination Act of 2008 protected Americans from discrimination on the basis of their genetic information and was amended in 2016 to include genetic health information of families (National Human Genome Research Institute, 2020). The 2018 revisions to the “HHS Policy for the Protection of Human Subjects, 45 CFR § 46.116,” paragraph B, C, and D guide informed consent when research involves biospecimens, including the elements of broad consent for the storage, maintenance, and secondary research use of identifiable private information or identifiable biospecimens. Additional principles of good practice for research in this area have been posited by Hens and colleagues (2013) as follows:

1. Genetic research on stored biological samples from minors should only be done if the research questions cannot be answered by a study of adults (subsidiarity principle).
2. The collection and use of biological samples and data from minors should minimize the physical and psychological burden.
3. The focus of who decides about the collection, storage, and use of samples gradually shifts from the parents to the minor as he or she grows older and/or reaches the age of majority.
4. Minors should receive age-appropriate information about the collection, storage, and use of their samples, and a minor’s assent or dissent should be respected.
5. Minors should be allowed to contact researchers and to withdraw their samples if they so wish when they reach the age of maturity as defined by state law.

NAPNAP acknowledges the need for evidence-based practice in the clinical setting and recognizes that research, including research involving children, is required to generate that evidence. Therefore, NAPNAP advocates for:

1. Research not involving greater than minimal risk to the child, or if the research involves greater than minimal risk, then there must be potential direct benefit to the child. Circumstances in which greater than minimal risk may be considered are those in which the standard treatments are known to have poor outcomes, and the information gained would improve care to the population under study and/or enhance generalizable knowledge.
2. Rigorous research designs that enhance the empirical foundation of the care provided to children and their families.
3. Protection of confidentiality and privacy throughout all research activities, including the use of Certificates of

Confidentiality to protect research data from mandatory disclosure (National Institutes of Health, 2014).

4. Appropriate IRB approved procedures for obtaining consent and/or assent with all required documentation. Consent and assent documents. Obtaining the consent of children for ongoing research on reaching the age of maturity.
5. Research studies involving children to be conducted in an environment that provides for ethical treatment and physical, emotional, and psychological safety of the child and the family.
6. Research guided by the Belmont ethical principles of respect for person, beneficence, and justice (USDHHS, 1979, 2010).
7. Ongoing continuing education on the implementation of evidence-based practice and researching all pediatric health care providers.
8. Research that uses a child and family-centered approach to recognize, respect, and consider cultural differences and understanding the special needs that these differences may require.
9. Use of connected and open research ethics when designing studies involving mHealth, digital health, telemedicine, and/or social media.
10. Consideration of ethical issues related to research involving biospecimens.

As an organization whose mission is to empower pediatric-focused APRNs and key partners to optimize child and family health, NAPNAP supports the goal of improved care for children and their families through research. Research is essential to advance the knowledge of children’s health, development, and well-being. Research involving children should be designed to maximize potential benefits for the child and should pose research questions of importance to children and families (Phillips et al., 2019). Every effort should be made to include children and young people in the research process from the initial planning, and as such, the methods to do so are emerging (Preston, Stones, Davies, Preston, & Phillips, 2019). It is beyond the scope of this position statement to cover the extensive issues and ethical considerations to conducting research involving children, however, there are excellent published resources (Davies et al., 2019; Phillips et al., 2019; Preston et al., 2019; Rose, 2017a, 2017b) and APRNs are encouraged to join their local IRB.

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