

Pandemic musings

6 April 2021

As this pandemic continues into its second year, it is hard to be cheerful and optimistic. In terms of silver linings, 2020 was likely a far better year for the environment. Climate change shifted into a lower gear and nature was able to take a deep breath. Many large industrial centres noted less smog with improved views, and many waterways were blessed with the reappearance of fish and whales.

The recent run of mass shootings in the United States reminded me that these previously common events were seldom spoken of in 2020. I took comfort, thinking that perhaps the pandemic has also led to reduced gun violence for our southern neighbors. Imagine my surprise when I researched the topic and

learned that gunshot deaths climbed during 2020.

According to the Gun Violence Archive, about 45 000 Americans died of gun violence in 2020 compared to roughly 40 000 in 2019. In fact, shooting deaths in 2020 outpaced the next highest recent year (2017) by more than 3600. Last year, the United States noted the highest 1-year increase in homicides since they started keeping records.

Some claim that this is not a gun problem but a mental health issue. However, recently a man went on a rampage with a knife in North Vancouver, stabbing multiple victims and ending one woman's life. I would argue that if this obviously disturbed individual had access to an assault rifle the toll would have been much higher.

COVID-19 mobilized the world, and the United States has been a leader in developing a vaccine to combat the pandemic. Imagine what could be accomplished if a fraction of the resources devoted to combating a virus were directed toward ending gun violence.

One fact that is often overlooked is that gun violence is a male problem. When was the last time you heard about a woman going on a shooting rampage with a semiautomatic weapon? Mass shooters are predominantly men who turn to violence as a means of solving some internal strife. Men must do better and learn to control their emotions without resorting to acts of aggression.

Lastly, before we feel too smug here in Canada, and specifically in our home province, we should look at another local epidemic. In 2020 there were approximately 1000 deaths in BC due to COVID-19. In comparison, more than 1700 individuals died of illicit drug toxicity (the majority from fentanyl).

The coronavirus pandemic has drawn significant attention and effort to fight it. Measures include regular briefings from the provincial health officer and health minister along with a mobilization of public health and health region resources. The population has tolerated previously unheard of restrictions with minimal complaint. I wonder what could be accomplished if similar efforts were directed toward

the often-marginalized population of people who use drugs and the overdose crisis.

Forgive me for my pandemic musings, but this challenging time lends itself to reflection, and with that a desire for seeking hope amid the ruin. Sadly, we won't find any uplifting change when it comes to gun violence and illicit drug deaths. ■

—David R. Richardson, MD

**About 45 000
Americans died of gun
violence in 2020.**

Nuance® Dragon® Medical One

Secure cloud-based clinical speech recognition

- Dictate into your EMR from almost anywhere
- Install within minutes across unlimited computers
- One synchronized user profile
- Stunningly accurate with accents

Contact us today for a free trial!
604-264-9109 | 1-888-964-9109

speakeasysolutions.com
Professional Speech Technology Specialists



Doctors Helping Doctors 24 hrs/day, 7 days/week



If something is on your mind, give us a call at 1-800-663-6729. Or for more information about our services, visit www.physicianhealth.com.

Physician Health Program
British Columbia

Connecting Physicians to Health

Research ethics board approval: What, why, when, how?

At the *BC Medical Journal*, we often receive submissions from clinicians who want to share their findings, but they aren't sure how to approach the subject of research ethics. Here is a brief summary for our readers and prospective authors.

What is a research ethics board?

Research ethics boards (REBs) are “autonomous entities whose primary responsibility is to protect the rights and welfare of human participants taking part in research.”¹ They can also help to ensure that research is of high quality and is clinically important.² The University of British Columbia has several such boards, including Children's and Women's, BC Cancer, Providence Health Care, and the UBC Clinical Research Ethics Board. These committees are composed of individuals from varied backgrounds such as physicians, scientists, researchers, ethicists, and community members. There are also private for-profit ethics boards, which adhere to the same principles and are selected by some researchers for expediency or if the researchers are not affiliated with a university.

Why is research ethics approval necessary?

Involuntary studies on human subjects in the past have had horrendous consequences. The Nuremberg trials exposed the “scientific” evils of the Nazi regime and resulted in the creation of the Nuremberg Code in 1947.³ Unfortunately, around the world, including in North America, there were many subsequent occurrences of atrocities committed in the name of research. The World Medical Association Declaration of Helsinki (1964, last updated 2013) was created to further address the ethics and safety of human research and its application to special populations.⁴

Today, the standards for research involving humans adhere to the Tri-Council Policy Statement (TCPS2 2018), which is a product

of Canada's three federal research agencies.⁵ Applications to UBC's REBs require all team members to have completed a tutorial on the Tri-Council Policy Statement.⁶ The key principle is informed consent, where research participants are fully informed about the potential risks and benefits of the study.

When does a study need research ethics board approval?

In Canada, any research study involving human participants, human tissue, or human data requires research ethics board approval before commencement. If you are undertaking a quality improvement project, it does not require REB oversight. However, it is important to note that REBs cannot review research that has already been done; if there is any doubt about your project constituting research, it is best to consider the intention of the project *before* beginning. A sorting tool, available on the PHSA website, can be a helpful first step (<https://rc.bcchr.ca/redcap/surveys/?s=HNWAAKFF97>). If research ethics appear to be required or you are uncertain, contact your local REB.

At the *BCMJ*, we also receive submissions of quality improvement projects that have been written up for publication. For example, a medical student was supervised by an attending physician to perform a review of treatment times for different diagnoses in the emergency department. This study represents a retrospective chart review, which involved collecting patient data, de-identifying the information, and analyzing the results. Depending on the nature and specifics of the project, the *BCMJ* may ask the principal investigator to seek confirmation from a local REB that the project was, in fact, quality improvement and, therefore, did not require REB oversight. If the research would have required REB approval, it cannot be granted retrospectively; therefore, the submission would not be accepted for publication.

How can researchers obtain ethics approval?

Research ethics boards have a standardized application process. UBC uses an online platform called Research Information Systems (RISe) to track applications, amendments, and annual renewals. Ethics boards generally allow for two levels of review depending on the type of study: delegated review (subcommittee review of studies deemed minimal risk) and full review (anything beyond minimal risk). The timeline for review and approval can vary due to committee schedules and the number of revisions required, but it may take anywhere from days to months. Researchers affiliated with UBC can get started at www.rise.ubc.ca/guidance-notes-and-tutorials. ■

—Caitlin Dunne, MD, FRCSC

Acknowledgments

Dr Dunne would like to thank Ms Jennie Prasad and Dr Marc Levine of the BC Women's and Children's Hospital Research Ethics Board for their editorial input on this article.

References

1. UBC Office of Research Ethics. UBC clinical research ethics general guidance notes. Accessed 22 March 2021. <https://ethics.research.ubc.ca/ore/ubc-clinical-research-ethics-general-guidance-notes#A1>.
2. Hyer CF. What is an IRB, why do we need it, and what is a private IRB? *Foot Ankle Spec* 2010;3:91-94.
3. Shuster E. Fifty years later: The significance of the Nuremberg Code. *N Engl J Med* 1997;337:1436-1440.
4. World Medical Association. World Medical Association declaration of Helsinki: Ethical principles for medical research involving human subjects. *JAMA* 2013;310:2191-2194.
5. Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, Social Sciences and Humanities Research Council. Tri-Council policy statement ethical conduct for research involving humans. 2018. Accessed 21 March 2021. <https://ethics.gc.ca/eng/documents/tcps2-2018-en-interactive-final.pdf>.
6. Panel on Research Ethics. TPS2: CORE – tutorial. Accessed 21 March 2021. <http://tcps2core.ca/welcome>.