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Re: Individualized Comparative Effectiveness of Models Optimizing Patient Safety and Resident Education (iCOMPARE) Trial

Dear Dr. Bonnell, Dr. Klag, and Mr. Peterson:

As you are no doubt well aware, on November 19, 2015, Public Citizen and the American Medical Student Association (AMSA) wrote letters to the Office for Human Research Protections (OHRP)¹ and to the Accreditation Council for Graduate Medical Education (ACGME)² regarding the iCOMPARE trial, which is highly unethical and fails to materially comply with key requirements of Department of Health and Human Services (HHS) regulations for the protection of human subjects at 45 C.F.R. Part 46. We were disturbed to recently learn

¹ Public Citizen and the American Medical Student Association. Letter to OHRP regarding the iCOMPARE trial. November 19, 2015. <http://www.citizen.org/hrg2283>. Accessed September 12, 2016.

² Public Citizen and the American Medical Student Association. Letter to the ACGME regarding the iCOMPARE and FIRST trials. November 19, 2015. <http://www.citizen.org/hrg2285>. Accessed September 12, 2016.

that the iCOMPARE trial, which is funded in part by the National Institutes of Health, has been extended for another year.³

As we noted in our letters to OHRP and the ACGME, the failures of the iCOMPARE trial investigators to obtain the informed consent of the residents and patients who are the human subjects of the research violate the Belmont Report's basic ethical principle of respect for persons.⁴

These ethical violations are thrown into sharp relief by results of a national public opinion poll, commissioned by Public Citizen and conducted by Lake Research Partners, that assessed the public's attitudes toward limits on medical resident work hours (see enclosed report). The poll, which surveyed a randomly identified representative sample of 500 likely voters nationwide, was conducted on July 20-24, 2016. In particular, we call your attention to the responses to the following question:

Researchers are conducting an experiment at more than 100 hospitals in the U.S. The hospitals were randomly divided into two groups: In one group, first-year residents are working shifts lasting no more than 16 hours in a row, as currently required by the ACGME. In the other group, first-year residents are allowed to work shifts lasting 28 or more hours in a row without sleep. The researchers want to find out whether patients treated at the hospitals where first-year residents are allowed to work for 28 or more hours in a row are more likely to die or have serious complications compared with patients treated at hospitals where first-year residents work no more than 16 hours in row.

If you were admitted to one of the hospitals participating in this experiment, would you want to be informed if that hospital was assigned to the group where first-year residents are allowed to work shifts lasting 28 or more hours in a row without sleep?

A total of 84 percent of respondents stated that they would want to be so informed, with 78 percent responding "strongly" in the affirmative. The margin of error for the poll is $\pm 4.4\%$. Eighty-one percent of those who had been employed (or had a household member employed) in hospitals in the past five years stated that they would want to be so informed, as did 83-88% of people who had been hospitalized or visited the emergency room (or had a household member hospitalized or visit the emergency room) at least once within the previous three years.

Allowing the continued unwitting enrollment of tens of thousands of patient subjects in the iCOMPARE trial, in the face of data showing that the vast majority of the adult public would want to be informed of this experiment if they were admitted to one of the experimental-group hospitals, would constitute an egregious, knowing disregard for the basic ethical principle of respect for persons.

³ Personal communication with residents who have been human subjects in the iCOMPARE trial.

⁴ National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research. *Ethical Principles and Guidelines for the Protection of Human Subjects of Research*. April 18, 1979.
<http://www.hhs.gov/ohrp/humansubjects/guidance/belmont.html>. Accessed September 12, 2016.

Note that simply informing patient subjects of their involvement in these experiments would not constitute voluntary informed consent as required by HHS regulations and the ethical principles governing human subjects research, nor would it address the other ethical and regulatory lapses related to the design and conduct of these trials that were described in our prior letters.

Moreover, the cluster-randomization design of these trials essentially makes it impossible to obtain the voluntary informed consent of all patient subjects enrolled at hospitals assigned to the experimental arms: Subjects would be unable to refuse participation in the trials without leaving the hospital and going to another, which for many seriously ill patients would not be medically feasible.

Allowing the continuation of the iCOMPARE trial would represent a fundamental failure of your institutions to meet their ethical and legal obligations to protect the rights and welfare of human subjects. We therefore urge you to immediately take whatever actions are necessary to terminate the iCOMPARE trial.

Please contact us if you have any questions or need additional information.

Sincerely,

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Enclosure

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The Honorable Sylvia Mathews Burwell, Secretary of Health and Human Services
The Honorable Karen B. DeSalvo, Acting Assistant Secretary for Health