Translational medicine & professional ethics

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Medical ‘R&D’ is more complex than conventionally assumed, for one can discern three different phases in medical research into new drugs and devices: R: Scientific Research, T: Technological Innovation, and D: Development or Practical Implementation of the new technology, including commercialization. In the Scientific Research or R phase, the open communication of all relevant information is obligatory. Once research findings are confirmed and ‘translated’ into new medical Technologies (or T) new concerns arise: efficacy and safety risks. Only once those T phase concerns are resolved may a new medical technology be Developed or sold for use by in medical practice (D phase). All three phases, R, T and D, involve costs and property rights; none are free goods. But the R / Scientific Research phase involves a Common Intellectual Property (IP) right, incompatible with corporate or state sponsor demands for secrecy. In contrast private ownership rights and secrecy are acceptable for hard assets like new technologies and products (in phases T and D). So, I conclude, ethical integrity in translational medicine involves a shift from common IP right in the R, scientific research phase, to private ownership rights in the T and D, Technological and Development phases. Not recognizing the shifts from intellectual to real property and from common to private ownership, as the translational medical process moves from R to T and D is, I submit, one of the main ethical problems bedevilling RT & D processes in translational medical research.

Biography

Vincent di Norcia is an Emeritus Professor of Philosophy, an ethics, communication and sustainability Consultant and Speaker, and has published on the ethics of innovation, intellectual property, Darwinian ethics and neuroethics. He is the author of Hard Like Water—Ethics In Business (Oxford, 1998). He lives in Barrie, Ontario, with his wife, Linda.

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