

A review of research projects involving vulnerable populations undertaken at Prince of Songkla University, Thailand

Topic: Good research management of **RECs** (Protection of vulnerable populations)

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Biography:



Krishna Suvarnabhumi is an Assistant Professor of Family Medicine. He is currently the Secretary General of the Royal College of Family Physicians of Thailand. He received his medical degree and Thai Board of Family Medicine diploma from Prince of Songkla University. He also completed an Academic Fellowship in Family Medicine at the University of Toronto, Canada. He holds a Master of Science Degree in Medical Education from Cardiff University, United Kingdom. At present, he is an Ed.D candidate in Educational Administration at the Faculty of Education and Liberal Arts, Hatyai University, Thailan

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1. Introduction

- A vulnerable population is a disadvantaged sub-segment of the community requiring care, consideration, and protection in research.
- Vulnerability in research occurs when the participant is incapable of protecting their interests.
- Ethical norms guiding research on vulnerable populations should be no less rigors than in any other situation.



2. Aims

2.1 To review research projects involving vulnerable populations which were submitted to the Human Research Ethic Committee,Prince of Songkla University (P.S.U.).

2.2 To develop recommendations for good research management of the REC.

3. Methods

OData was collected and descriptively analyzed from document review.

OThe two main documents were submission forms and full proposals.



4. Results

OFrom 1 January 2020 to 31 December 2023, there were 45 research projects involving vulnerable populations.OFull board reviews were conducted for all these research projects.

RU.

9 vulnerable groups described in the Standard Operating Procedure of P.S.U.

- 1. Infants, children (<18 years old)
- 2. Elderly (> 60 years old)
- 3. Pregnant women
- 4. Patients with chronic or terminal illness
- 5. Individuals with intellectual disabilities or neuropsychiatric diseases
- 6. Prisoners, migrant/foreign workers, socially disadvantaged individuals such as the

poor, the minorities, the illiterates

7. Students, subordinates, employees

8. Individuals who are unable to provide consent on their own such as patients in critical conditions

9. Others, specify ..

45 research projects involving vulnerable populations were categorized under 7 groups

Vulnerable Groups	Number	Percent
1. Drug users	10	22
2. Populations with impaired mental status	7	13
3. Children and teenagers aged younger than 18 years	7	13
4. Pregnant and breastfeeding women	3	7
5. Patients in critical conditions	3	7
6. Patients with chronic or terminal illness	2	4
7. Other groups	13	30
Total	45	100

New Categorization is Following NBAC

6 Types of Vulnerability

(National Bioethics Advisory Commission, 2001)

- 1. Cognitive or Communicative Vulnerability
- 2. Institutional Vulnerability
- 3. Deferential Vulnerability
- 4. Medical vulnerability
- 5. Economic vulnerability
- 6. Social vulnerability

1. Cognitive or Communicative Vulnerability

- 1.1 Infant (< 1 years old)
- 1.2 Immature children (<18 years old)
- 1.3 Adults with cognitive impairment eg. mental retardation,Alzheimer's patient, unstable impaired mental health, cognitivedistortions from substance abuse and drugs and alcohol addiction
- 1.4 Persons who do not lack capacity but are in situations that do not allow them to exercise their capacities effectively eg. fatigue person
- 1.5 Person who speaks a different language than the investigator
- 1.9 Other: specify ...

2. Institutional Vulnerability

Persons who are under the formal authority of others:

- 2.1 Prisoners
- 2.2 Military personals
- 2.3 Children under the authority of their parents
- 2.4 Students subordinated to their college professors
- 2.5 Institutionalized persons subject to the authority of custodians
- 2.6 Woman who may be legally subject to their husbands
- 2.9 Other: specify ...

3. Deferential Vulnerability

Persons who are under the authority of others, however authority is informal rather than hierarchical:

- 3.1 Gender inequalities
- 3.2 Race inequalities
- 3.3 Social class inequalities
- 3.4 Inequalities of power
- 3.5 Inequalities of knowledge
- 3.9 Other: specify ...



4. Medical vulnerability

4.1 Persons who have serious health conditions for which no satisfactory standard treatment options are available eg. severe spinal cord injuries, Parkinson's disease, multiple sclerosis, Alzheimer's disease, end-stage AIDS

4.2 Illnesses for which there are treatments that are not suitable for particular patients

- 4.3 Patients in critical conditions
- 4.4 Patients with chronic and terminal illness
- 4.5 Pregnant and breastfeeding women
- 4.9 Other: specify ...

5. Economic vulnerability (Allocation vulnerability)

Persons who are disadvantaged in the distribution of social goods and services:

- 5.1 Low-income person
- 5.2 Poor housing / homelessness

5.3 Uninsured population / no health coverage

5.9 Other: specify ...



6. Social vulnerability

Persons who belong to undervalued social groups:

- 6.1 Racial or ethnic minorities
- 6.2 Ex-prisoners
- 6.3 Drug users
- 6.4 Migrant workers
- 6.5 People in LGBTQ+ community
- 6.6 Sex workers
- 6.9 Other: specify ...



5. Conclusion

- The majority of vulnerable populations were categorized in other groups. A new grouping system is required for improved categorization.
- New categorization is using 6 types of vulnerability from recommendation of the National Bioethics Advisory Commission (2001).
- New categorization is more systematic and friendly use .

45 research projects were categorized by the New Categorization

Vulnerable Groups	Number	Percent	In Other Subgroup
1. Cognitive or Communicative Vulnerability	5	12	-
2. Institutional Vulnerability	2	4	-
3. Deferential Vulnerability	6	13	-
4. Medical vulnerability	19	42	12 (Chronic disease 10, elderly 2)
5. Economic vulnerability	3	7	-
6. Social vulnerability	10	22	-
Total	45	100	12

Continuous Quality Improvement (CQI) is also needed in management of RECs



