Hajimemashite! I’m sorry I can’t speak Japanese. I would just like tell you a little bit about the place Japan has in my family, before I start. My great grandmother came in the 1880’s. She came to look after her brother who was an adventurer and a hunter. She went back to England, but he, my great uncle, stayed in Japan. He married a Japanese woman, he died here and he was buried in Yokohama. So we feel we have a family connection with Japan.

I want to tell you a little bit first about the group that I work for, which is working in partnership with DIPEx Japan. DIPEx originally stood for database of individual patient experiences. We are a research group of social scientists in the University of Oxford in the medical school, and we do qualitative research studies using narrative interviews to find out about people’s experience of illness. So far, we have completed around 50 different health conditions and topics and we are increasingly moving to look at health topics as well as illness topics, such as pregnancy, bereavement and screening. As a research group, we publish our findings in peer-reviewed journals and conferences as normal, but we also disseminate our findings through a website. So, what was DIPEx in the UK has now been relaunched as www.healthtalkonline.org, and we have a young people’s site called www.youthhealthtalk.org. On the website, we present summarized findings from our research written in a way that is accessible for lay people, and illustrated with video and audio and written extracts from the interviews. We also provide links to good places to find evidence-based health information and support groups, many of which also have their own website on particular conditions.

With the websites, we aim to reflect the perspectives of a wide range of people, not just one or two. Some websites have one or two patient stories, and often pick the very heroic or very tragic, whereas we want a range of ordinary people with all sorts of experiences. We also aim to present what matters to them rather than professional priorities (what matters to doctors), so we invite them to talk about their views in their own words. We hope that using these shared experiences will support other people who are going through the same thing, but also provide powerful insight for clinical staff and students. So this is what healthtalkonline looks like (Figure).

The left-hand bars have groups of conditions, so for example you can see cancer, heart disease, mental health. Under each of those, you will usually find several different conditions, so under cancer, there are several different types of cancer. The website meets the new government ‘Information Standard’ which certifies that information we provide has been collected properly.

We are now working with Japan on DIPEx International, and we also have partners working on...
similar projects in Germany, Australia, Spain and South Korea. DIPEx Japan has launched its site on breast cancer.

So now I will tell you about the study I completed last year on experiences of taking part in clinical trials. This was funded by our National Institute of Health Research, which is part of the government. For every project we do we have an expert advisory panel which contains doctors, academics and patients to help advise us on the study. I conducted 42 interviews with people in their own homes and I asked them just to tell me their story. We use a kind of sampling called maximum variation sampling, which looks for differences across the type of experience, gender, ethnicity, socio-economic group and region. Also as part of obtaining a maximum variation sample we recruited through many different routes, including family physicians, the Medical Research Council, National Health Service clinical research networks, consumer liaison groups, trial clinics and researchers, the website, and newspaper advertising. As well as people who agreed to take part in clinical trials, we also interviewed some people who declined to take part or withdrew and some who ‘failed’ eligibility screening. The word “fail” is quite important because it implies someone has done wrong—that they have not been good enough—so that word is a problem. We also had some people who were told they might be excluded from a trial, because of side effects for example. And again the word “excluded” for us has problems. It’s commonly used in clinical trials, but one of the people I interviewed used to be a teacher of naughty school pupils who were not allowed in the main class any more. We say those pupils have been “excluded” from class so again it implies you are bad, or you are naughty.

Mostly we interviewed people who had been in Phase 3 randomized trials but we also have some
from Phase 1 and Phase 2 trials. We did not include people who took part in “first time in humans” studies as healthy volunteers. They are different, as they get paid for taking part, and the people we interviewed did not get paid. Most qualitative studies that have been done of people taking part in trials have looked at a single trial. We wanted to include different trials of different interventions and involving different types of condition. So as well as drug trials we included trials which looked at surgery, radiotherapy, immunotherapy, decision aids, diet, psychological interventions, screening, and other forms of prevention. Among the conditions covered were cancer, hypertension, asthma, allergy, diabetes, heel fracture, Parkinson’s disease, coronary artery disease, mental illness, osteoporosis, erectile dysfunction, and menorrhagia.

One of the things that really struck me from the findings was the reasons people gave for taking part. Many studies in the past have reported that people say they take part for altruistic reasons to help other people or to help science. For most of the people I interviewed, they said their main reason was their own personal benefit. That could be a number of different types of benefit: one obviously is that if a new drug is only available through a trial, then people may take part because they are keen to try it and that is the only way to get it. But people talked about many other types of benefit that they gained from taking part. Some said they felt they would get better treatment, longer appointments, and more relaxed appointments. Especially in longer trials, people really liked developing a relationship with the staff and they liked the fact that these were experts in their condition rather than generalists. And because they were experts they felt that they could get better access to information, perhaps new information about the latest research and treatments that are coming out. People also said they felt that by taking part they could play an active part in managing their health. For some it was curiosity or personal interest in science, and some people in retirement joined trials because they have the time and it was something interesting to do.

Of course, there can also be people who are very seriously ill for whom this is the last resort. They may take part in a trial because they are willing to try anything that might help. A smaller number of people did say that their main reason was to help medical science or to help other people. When they talked about other people, it might be patients in twenty years time whom they did not know. Or it might be members of their own family. They might be thinking, “I have a genetically inherited form of breast cancer. I don’t want my daughter or my granddaughter to get it.” Quite a few people mentioned helping others or helping medical science as an extra reason for taking part, but not their main reason. Here are a few examples of some of the people talking about their experiences. Firstly Wendy, a woman who took part in a trial for chemotherapy for bowel cancer.

(Extract from Wendy’s interview)

We were explained to us that it’s a six-month chemo anyway, but the trial would be a twelve-month trial. So for the first six months I’d be on both, for the latter six months just the clinical trial. They explained all the side effects and everything. And after much discussion in the family, thinking about the impact on the children, and if all these side effects did materialise what impact that would have on us as a family with no extended family to call upon, I thought it was too selfish of me to ask for that. But my children said, “Look, Mum, we’d put our lives on hold for a year if it means that you’re going to be better at the end, if you’ve got a better chance of survival.” So I ended up deciding to go into that.

So at that point the nurse said, “Okay, we’ve got all your details. You go back out and wait in reception. We need to ring the computer base that’s dealing with it, and in about five minutes we get told whether the computer’s churned you out as one of the candidates for the trial with the drug, or one of the candidates for the trial without the drug.” At which point we were really worrying. And one of my husband’s main worries was, “What happens after all this hoo-ha and all this soul-searching if you say, ‘I want to go on the trial’ and then at the end of the day you’re on the trial without the extra drug? You’ve gone through all that for nothing.” And I said, “Well, it’s a chance I’ve got to take.” And I’m a very religious person and I feel strongly that God had a hand in that. If I was meant to have it, I was meant to have it. I was one of the lucky ones. I did go on the trial. And that took up most of 2007.

And if when it had come to it, you’d been one of the people that weren’t going to get it, do you...
think you might have changed your mind?

No. I would have still gone through with it. I think I would have felt cheated. Yes, I would have still gone through with it, because I still think anything like that that helps improve the statistics for other people or the, you know, the long-term benefits for anybody else going through what I went through, it’s got to help.

I think there is a lot in that extract to comment on. One point is that Wendy clearly believes having the drug being tested is better than not having the drug, which is of course of a problem—because by definition in a trial we do not know whether being in the intervention arm is better or worse. It is also important that she says she thought it might be selfish to take part in a trial, and that if she had been in the control group she would have felt cheated. She also refers to luck, God and divine intervention in being allocated to the intervention group. She is weighing up or balancing side effects and survival, and that was quite a common pattern in the data, with people considering the disadvantages and advantages. Phil took part in a trial for high blood pressure treatment. This was a placebo-controlled trial. He talks more about the “softer” benefits of being in a trial, enjoying the relationship with staff, more relaxed appointments and having an expert team. And you can hear how hard I have to work to get him to say anything about benefit for other people.

(Extract from Phil’s interview)

What, looking back, would you say were your main reasons for wanting to take part?

Well, the fact that it specialized in something I had, a problem I had, and these were people who were specializing in that subject. So they were well, I suppose they knew more what they were talking about, to put it, you know, put it bluntly [laugh]. It tended to be they gave you much more time. You went there and they took say nine or ten readings, which gave them a much more accurate reading of your blood pressure. Whereas your GP would only have time for one, usually just one reading, and very often it’s much higher than you’d expect, you know. What tends to happen is the first one’s high, the second one’s slightly lower and then the third and fourth ones are a little bit lower still, and then they, it starts to level off. So it’s a much more accurate way of, you know, finding the reading. And, yeah, I mean it’s so relaxed. You know, you’d there for about an hour, two hours. If you’re giving blood, you had to fast for twelve hours, so you had sort of tea and toast and biscuits and all that afterwards [laugh]. And you just felt you were being well looked after. You know, I wasn’t rushed in and rushed out.

Did, were you at all thinking about the wider importance of research for the rest of society? Or was that not really an issue in your decision?

Well, I suppose I was, but to be honest I think it’s more of a sort of personal thing, you know. I mean, I was glad other people can benefit from what they’ve found out. That’s a general thing. But at the same time it’s helping me. It’s my personal, you know, it’s a problem I had. So I was quite happy to do it. But I suppose, yeah, it, it does, it does make you feel better knowing you’re, you’re helping other people. Yeah.

Of course feeling satisfaction at knowing you are helping other people is in a way another personal benefit. Anthony took part some years ago in a trial of Viagra for impotence, when it was new on the market. He is an example of mixed motivation, both personal benefit and helping others, but quite strong in what he says.

(Extract from Anthony’s interview)

Anyway, I later developed ED, erectile dysfunction, and was referred by my GP to the same specialist who had been the urologist who had dealt with the prostate problem. And as he knew me, and was at that time being asked by the drug manufacturers to take on a trial of a drug which was supposedly going to be of benefit to people with erectile dysfunction, he asked whether I would be prepared to be part of the group on whom it was to be trialled. He explained very carefully the possible side effects, which were manifold, and explained that it was a double-blind trial, which meant that neither he nor I would know whether or not the medication which I was given was in fact the real thing or a placebo. I was quite happy to accept this risk of possible side effects. Partially the reason for taking the trial was self-interest in so far as it could be of benefit to me, and partially it was because I know that medical advances cannot be made unless people are prepared to enter into trials. It’s something which I realize is extremely important. I know that great strides are constantly being
made. And unless research is tested on human beings, as well as on such lab animals as are necessary, the results aren’t going to be totally fully understood. Clinical trials are necessary for all drugs. I have been the beneficiary of drugs which have previously been trialled by other people, and if I’m in a position to do the same for the next generation then there’s no reason at all that I shouldn’t do so.

So he gives a nice explanation of what a double-blind trial is that is quite easy to understand. He looks at benefit across the generations—he has benefitted from other people taking part in the past, so he is giving something back (The banging you heard in the background was his wife doing the ironing. That’s what is like going into people’s homes).

So next I will turn to why some people did not take part or withdrew, and again people are weighing up their own personal benefit with the possible harm or disadvantage of taking part. So worry about side effects obviously was a problem for some people. One woman with ovarian cancer did not take part in the trial because she did not want to lose her hair and the drug being tested would have meant hair loss. One woman took part in a trial which involved injecting herself into her stomach and she found it too much. Quite a few people were unhappy with the idea of placebo-controlled trials. They did not mind if they were getting the standard treatment, but placebo was a worrying idea for some—though not for everyone.

Some people were unhappy with the kind of information given and I will show you someone talking about that. And one person (a public health doctor) was angry that the trial staff gave details about her health to her doctor when she did not believe she had given consent for this, so she said she would not take part any more. And some people were worried about drug company funding. They were happy to take part in something funded by the national health service or one of our research funding bodies, but did not like the ideal profit and private companies.

Marie (below) decided not take part in a trial because she got so angry with the information leaflet.

(Extract from Marie’s interview)
If it was, if you were a doctor or you had medical experience, I think you would have probably read it and understood it. But it took me from one o’clock in the afternoon until six o’clock at night reading it, reading it and reading it. And in the end I decided what I wanted to query I had to mark on it, and there was quite a lot that I was querying. I think there were about five pages which were absolutely full of medical jargon, sort of medical information which I frankly couldn’t understand. It was a doctor talking to a doctor not a doctor talking to a patient. I class myself as reasonably intelligent but had I not been intelligent it would have been very hard to understand. And after six hours I was angry because I saw the implications. The more I read and the more I understood it the more it annoyed me.

I think we do have to ask ourselves about the amount of information we expect people to read, and whether they really want to read all of that. Ethics committees are of course right that we need to give people enough information to make an informed choice. But in trying to do that, we’ve ended up with long, long lists of very specific information and questions. Polly (below) is a very well known journalist in the UK and she was asked to take part in an early trial of Tamoxifen for breast cancer, in a placebo-controlled trial.

So she was very well informed about health, and she questions the whole ethical and scientific basis for this trial at that time. Again she is comparing her personal benefit with the benefit to medical science.

(Extract from Polly’s interview)
I had a lumpectomy, had the bit taken out, and then I was asked if I would like to go onto a clinical trial. I’m strongly in favour of clinical trials. I think they’re the only way you can ever find out what works and what doesn’t, and I think it’s very important. So in theory I was strongly predisposed to do that, would want to help in any way I could. But when it was explained to me what the trial involved, I had deep doubts about it. The trial, basically I was being asked to be randomly put into a group of people who would not have tamoxifen, which was an anti-breast cancer drug, or into a group that would have tamoxifen, and it would just be random. So if I agreed to go on the trial I might well fetch up in the group that didn’t have it. I’d have a placebo. I’d have a little white sugar pill, and I would never know whether I’d actually had the tamoxifen or not. I knew a bit about tamoxifen and a bit about breast cancer, partly because it had been in my family. And anyway
It’s the sort of subject that I was writing about and interested in. So I did a bit of investigation, rang round a few people, talked to a few people. Tamoxifen had already been widely used. There had already been a very large trial in the United States, which had shown that it seemed to have a very strong positive effect. It seemed from this large trial as if it might improve your chances of not recurring, not getting another episode of breast cancer, by about 30 per cent, which is, you know, a very strong positive effect. So I then became very worried at the idea of going into a trial where I might not be given it, and I might never know whether I’d had it or not. So I talked to the doctors about it and they said, “Well, the trouble is, you know, we do need more research. We do need more evidence to be absolutely sure. That was American research. We need British research. We need to find out more details.” But when it came to it, I felt that we already did know pretty much. And everybody was really positive about tamoxifen.

That particular hospital already had quite a lot of people on it. And I thought to deny myself tamoxifen for the sake of a, you know, just a rather academic study, I thought that the disbenefit to me would be much greater, really, than the extra little bit of knowledge that would be acquired on top of the knowledge they already had. I felt badly about it because, you know, obviously we need more and more knowledge as time goes on about exactly what drugs work and how well they work. But I just felt on this occasion that we already knew a lot.

I think for her the fact other doctors in the hospital were already prescribing it was the really crucial fact: she could not see that a placebo-controlled trial was justified in those circumstances.

Now looking to people’s understanding of trials, most people I talked to said they were satisfied with the information, and most were able to describe reasonably well what had been tested. But I will come back to that. Most people said they felt able to ask questions they needed to, but some people really did not want to ask questions or read all their information, they just wanted to trust the doctor advising them whether the trial was a good thing to do. Some people felt happy at the time that they were well informed, but now looking back were less sure, for example

Judith below. Judith was involved in a trial comparing different frequency of chemotherapy (whether it should be every two weeks or every three weeks).

(Extract from Judith’s interview)

You don’t know what questions to ask initially, and I’m just sitting there like a nodding dog nodding at everything he says, saying, “Yeah, yeah, clinical trial, that’s fine. I’ll sign it.” And I guess that’s why they say you can go away and think about it. But I don’t. I just, there’s questions that I want to ask now that I’m further into it and perhaps feel a bit more confident. Because when you’re first diagnosed, you just want it gone and just say, “Just start. Whatever you need to do, just do it now and get it gone.” But now, I wouldn’t say I was completely casual about it, but I’m bit more relaxed and a bit more confident and want to ask, ask some questions about it to see what they mean about lifespan, or whether it’s relapse, or what, what it is.

So just at the end she is beginning to express doubt about what the trial is actually measuring in terms of outcome. As I said earlier, there were some problems of understanding. Some people thought they had been in a clinical trial, but when I interviewed them I found out they had been some other kind of research. On the other hand, some people who I knew had been in a trial clearly had gaps in understanding as to what it meant. So for example I asked one person who had definitely been in a trial “Did you mind which group you were in?” And he said “Groups? What groups?” An another person said that their understanding of a trial was that you tried different drugs until you found the right one that worked for you. Finally one man understood that computer randomization meant that the nurse had fed all his personal details in and a computer analysed these details and picked the right treatment for him. Now of course it may have been perfectly well explained to him, but what he remembered and understood was something rather different.

Finally there is the question of whether people were told about the results of the research or the progress of the research. Many people felt that this was an important way to respect people’s contribution. There were mixed experiences of getting such information, and a few people wondered if they only got it because they asked rather than because it was a routine thing to tell participants. They also wanted to
know about their own personal results. Sabiha took part in a trial of breast screening for younger women.

*(Extract from Sabiha’s interview)*

And the thing is I never got told of the results even though I know that I didn’t have anything to worry about, but it would be nice for them try to me finally and say thank you for taking part in this and in a you’ve taken part for there is nothing to worry about and if found out because when I used to go for the screening they look at Xrays and things like that but sometimes information like that get lost in the system and the personally involved is not told enough of the results which I think in a way is not very nice for the person because in future if that person was take part in more researches then they would think twice that you know because there weren’t given enough information feedback and more I would they want to do that again so that a big off putting. OK and I was kind enough to them to take part in this and my time and everything, but that was the least they could do to feed back. I think feedback is more important, because that looks like they’ve taken part and, you know, that’s it — they’ve had what they wanted and that’s it, bye-bye, you know. That’s not good enough, you know.

Despite that, would you still take part in another trial if it was offered to you?

I would, I would.

And why’s that?

Because it’s of benefit to a lot of people.

So finally just a few thoughts about how the website might be used. We hope it could be used to raise awareness among the public and patients of clinical trials. We would also like to see it used more widely for staff training and reflection about patient experience. And we think it could be useful for trial recruitment, so people who are thinking about taking part in a trial could be shown the site and use it to think through whether they really want to take part. We would stress that our aim is not to try to increase participation but to help people make an informed choice. Having said that, there are lots of positive messages from patients wanting to encourage other people to have a go at taking part. Obviously we do need to be careful people understand that a trial may not benefit them and we do not necessarily know if a new drug or treatment works. But I think we can look at whether can say more in the information we give to patients about other kind of benefits that they may get from taking part. There is also a message that letting people know the results of research and involving them more may make them more willing to take part again in future. We are now doing a similar study looking at the experiences of children and parents taking part in trials which will be on healthtalkonline and youthhealthtalk. The World Health Organization has asked us to consider doing a similar study in a developing country and we are talking to India and South Africa at the moment. And it would be fantastic if one were done in Japan. I’m now carrying on working on experiences of different types of research participation in Oxford with the Oxford Biomedical Research Centre. One of those studies is on biobanking where people give tissue or blood samples for research. Early findings from that study suggest helping other people (rather than personal benefit) is more prominent in people’s motivation than in clinical trials.

The research presented in this talk was funded by the National Institute for Health Research in the UK. Since this talk was given, two peer review articles presenting the findings have been published. These are:
