

Comparison Version by Mareen Reiter, CTU KSSG on 21Oct2024 changes in blue: <del>deletions</del> /additions	
<b>Preamble</b>	
<b>Paragraph 1</b>	
<p><b>2013 DoH Language:</b> 1. The World Medical Association (WMA) has developed the Declaration of Helsinki as a statement of ethical principles for medical research involving human subjects, including on identifiable human material and research and data.</p> <p>The Declaration is intended to be read as a whole and each of its constituent paragraphs should be applied with consideration of all other relevant paragraphs.</p>	<p><b>2024 DoH Language:</b> 1. The World Medical Association (WMA) has developed the Declaration of Helsinki as a statement of ethical principles for medical research involving human <del>subjects-participants</del>, including <b>research using</b> identifiable human material and <del>research and</del> data.</p> <p>The Declaration is intended to be read as a whole, and each of its constituent paragraphs should be applied with consideration of all other relevant paragraphs.</p>
<b>Paragraph 2</b>	
<p><b>2013 DoH Language:</b> 2. Consistent with the mandate of the WMA, the Declaration is addressed primarily to physicians. The WMA encourages others who are involved in medical research involving human subjects to adopt these principles.</p>	<p><b>2024 DoH Language:</b> <del>Consistent with the mandate of the WMA, the Declaration is addressed primarily to physicians. The WMA encourages others who are involved in medical research involving human subjects to adopt these principles.</del> <b>2. While the Declaration is adopted by physicians, the WMA holds that these principles should be upheld by all individuals, teams, and organizations involved in medical research, as these principles are fundamental to respect for and protection of all research participants, including both patients and healthy volunteers.</b></p>
<b>General Principles</b>	
<b>Paragraph 3</b>	
<p><b>2013 DoH Language:</b> 3. The Declaration of Geneva of the WMA binds the physician with the words, “The health of my patient will be my first consideration,” and the International Code of Medical Ethics declares that, “A physician shall act in the patient’s best interest when providing medical care.”</p>	<p><b>2024 DoH Language:</b> 3. The <b>WMA</b> Declaration of Geneva <del>of the WMA</del> binds the physician with the words, “The health <b>and well-being</b> of my patient will be my first consideration,” and the <b>WMA</b> International Code of Medical Ethics declares <del>that</del>, “<b>A The physician shall act must commit to the primacy of patient health and well-being and must offer care</b> in the patient’s best interest <del>when providing medical care.</del>”</p>
<b>Paragraph 4</b>	
<p><b>2013 DoH Language:</b> 4. It is the duty of the physician to promote and safeguard the health, well-being and rights of patients, including those who are involved in medical research. The physician’s knowledge and conscience are dedicated to the fulfilment of this duty.</p>	<p><b>2024 DoH Language:</b> 4. It is the duty of the physician to promote and safeguard the health, well-being and rights of patients, including those who are involved in medical research. The physician’s knowledge and conscience are dedicated to the fulfilment of this duty.</p>
<b>Paragraph 5</b>	
<p><b>2013 DoH Language:</b> 5. Medical progress is based on research that ultimately must include studies involving human subjects.</p>	<p><b>2024 DoH Language:</b> 5. Medical progress is based on research that ultimately must include <del>studies involving human subjects</del> <b>participants</b>. <b>Even the well- proven interventions must should be evaluated continually through research for their safety, effectiveness, efficiency, accessibility, and quality.</b></p>

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<b>Paragraph 5</b>	
<p><b>2013 DoH Language:</b> 6. The primary purpose of medical research involving human subjects is to understand the causes, development and effects of diseases and improve preventive, diagnostic and therapeutic interventions (methods, procedures and treatments). Even the best proven interventions must be evaluated continually through research for their safety, effectiveness, efficiency, accessibility and quality</p>	<p><b>2024 DoH Language:</b> <i>see paragraph 5 and new 6</i></p>
<b>Paragraph 6</b>	
<p><b>2013 DoH Language:</b> 7. Medical research is subject to ethical standards that promote and ensure respect for all human subjects and protect their health and rights.</p>	<p><b>2024 DoH Language:</b> <del>7.</del>6. Medical research <b>involving human participants</b> is subject to ethical standards that promote and ensure respect for all <del>human subjects</del> <b>participants</b> and protect their health and rights.</p> <p><b>Since medical research takes place in the context of various structural inequities, researchers should carefully consider how the benefits, risks, and burdens are distributed.</b></p> <p><b>Meaningful engagement with potential and enrolled participants and their communities should occur before, during, and following medical research. Researchers should enable potential and enrolled participants and their communities to share their priorities and values; to participate in research design, implementation, and other relevant activities; and engage in understanding and disseminating results.</b></p>
<b>Paragraph 7</b>	
<p><b>2013 DoH Language:</b> 6. The primary purpose of medical research involving human subjects is to understand the causes, development and effects of diseases and improve preventive, diagnostic and therapeutic interventions (methods, procedures and treatments). Even the best proven interventions must be evaluated continually through research for their safety, effectiveness, efficiency, accessibility and quality.</p>	<p><b>2024 DoH Language:</b> <del>6.</del>7. The primary purpose of medical research involving human <del>subjects</del> <b>participants</b> is to <b>generate knowledge to</b> understand the causes, development and effects of diseases; <del>and</del> improve preventive, diagnostic and therapeutic interventions (<del>methods, procedures and treatments</del>); <b>and ultimately to advance individual and public health. Even the best proven interventions must be evaluated continually through research for their safety, effectiveness, efficiency, accessibility and quality. [now in paragraph 5]</b></p> <p><del>8.</del>While the primary <del>These purposes</del> of medical research is to generate <del>new knowledge, this goal</del> can never take precedence over the rights and interests of individual research <del>participants</del> <b>subjects</b>.</p>
<b>Paragraph 8</b>	
<p><b>2013 DoH Language:</b> 8. While the primary purpose of medical research is to generate new knowledge, this goal can never take precedence over the rights and interests of individual research subjects.</p>	<p><b>2024 DoH Language:</b> <i>see paragraph 7</i></p>

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<b>Paragraph 8</b>	
<b>2013 DoH Language:</b> N/A	<b>2024 DoH Language:</b> 8. While new knowledge and interventions may be urgently needed during public health emergencies, it remains essential to uphold the ethical principles in this Declaration during such emergencies.
<b>Paragraph 9</b>	
<b>2013 DoH Language:</b> 9. It is the duty of physicians who are involved in medical research to protect the life, health, dignity, integrity, right to self-determination, privacy, and confidentiality of personal information of research subjects. The responsibility for the protection of research subjects must always rest with the physician or other health care professionals and never with the research subjects, even though they have given consent.	<b>2024 DoH Language:</b> 9. It is the duty of physicians who are involved in medical research to protect the life, health, dignity, integrity, <b>autonomy</b> , privacy, and confidentiality of personal information of research <b>participants subjects</b> . The responsibility for the protection of research <b>participants subjects</b> must always rest with the physicians or other <b>researchers health-care professionals</b> and never with the research <b>participants subjects</b> , even though they have given consent.
<b>Paragraph 10</b>	
<b>2013 DoH Language:</b> 10. Physicians must consider the ethical, legal and regulatory norms and standards for research involving human subjects in their own countries as well as applicable international norms and standards. No national or international ethical, legal or regulatory requirement should reduce or eliminate any of the protections for research subjects set forth in this Declaration.	<b>2024 DoH Language:</b> 10. Physicians <b>and other researchers</b> must consider the ethical, legal and regulatory norms and standards for research involving human <b>participants subjects in the country or countries in which the research originated and where it is to be performed in their own countries</b> , as well as applicable international norms and standards. No national or international ethical, legal or regulatory requirement should reduce or eliminate any of the protections for research <b>participants subjects</b> set forth in this Declaration.
<b>Paragraph 11</b>	
<b>2013 DoH Language:</b> 11. Medical research should be conducted in a manner that minimises possible harm to the environment.	<b>2024 DoH Language:</b> 11. Medical research should be <b>designed and</b> conducted in a manner that <b>avoids or</b> minimises <b>possible</b> harm to the environment <b>and strives for environmental sustainability</b> .
<b>Paragraph 12</b>	
<b>2013 DoH Language:</b> 12. Medical research involving human subjects must be conducted only by individuals with the appropriate ethics and scientific education, training and qualifications. Research on patients or healthy volunteers requires the supervision of a competent and appropriately qualified physician or other health care professional.	<b>2024 DoH Language:</b> 12. Medical research involving human <b>participants subjects</b> must be conducted only by individuals with the appropriate ethics and scientific education, training and qualifications. <b>Such</b> research <b>on patients or healthy volunteers</b> requires the supervision of a competent and appropriately qualified physician or other <b>researcher. health-care professional</b> . <b>Scientific integrity is essential in the conduct of medical research involving human participants. Involved individuals, teams, and organizations must never engage in research misconduct.</b>

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<b>Paragraph 13</b>	
<b>2013 DoH Language:</b> 13. Groups that are underrepresented in medical research should be provided appropriate access to participation in research.	<b>2024 DoH Language:</b> 13. Groups that are underrepresented in medical research should be provided appropriate access to participation in research.
<b>Paragraph 14</b>	
<b>2013 DoH Language:</b> 14. Physicians who combine medical research with medical care should involve their patients in research only to the extent that this is justified by its potential preventive, diagnostic or therapeutic value and if the physician has good reason to believe that participation in the research study will not adversely affect the health of the patients who serve as research subjects.	<b>2024 DoH Language:</b> 14. Physicians who combine medical research with medical care should involve their patients in research only to the extent that this is justified by its potential preventive, diagnostic or therapeutic value and if the physician has good reason to believe that participation in the research <del>study</del> will not adversely affect the health of the patients who serve as research <del>participants</del> <del>subjects</del> .
<b>Paragraph 15</b>	
<b>2013 DoH Language:</b> 15. Appropriate compensation and treatment for subjects who are harmed as a result of participating in research must be ensured.	<b>2024 DoH Language:</b> 15. Appropriate compensation and treatment for <del>participants</del> <del>subjects</del> who are harmed as a result of participating in research must be ensured.
<b>Risks, Burdens, and Benefits</b>	
<b>Paragraph 16</b>	
<b>2013 DoH Language:</b> 16. In medical practice and in medical research, most interventions involve risks and burdens.  Medical research involving human subjects may only be conducted if the importance of the objective outweighs the risks and burdens to the research subjects.	<b>2024 DoH Language:</b> 16. In medical practice and in medical research, most interventions involve risks and burdens.  Medical research involving human <del>participants</del> <del>subjects</del> may only be conducted if the importance of the objective outweighs the risks and burdens to the research <del>participants</del> <del>subjects</del> .
<b>Paragraph 17</b>	
<b>2013 DoH Language:</b> 17. All medical research involving human subjects must be preceded by careful assessment of predictable risks and burdens to the individuals and groups involved in the research in comparison with foreseeable benefits to them and to other individuals or groups affected by the condition under investigation.  Measures to minimise the risks must be implemented. The risks must be continuously monitored, assessed and documented by the researcher.	<b>2024 DoH Language:</b> 17. All medical research involving human <del>participants</del> <del>subjects</del> must be preceded by careful assessment of predictable risks and burdens to the individuals and groups involved in the research in comparison with foreseeable benefits to them and to other individuals or groups affected by the condition under investigation.  Measures to minimise the risks <del>and burdens</del> must be implemented. The risks <del>and burdens</del> must be continuously monitored, assessed, and documented by the researcher.
<b>Paragraph 18</b>	
<b>2013 DoH Language:</b> 18. Physicians may not be involved in a research study involving human subjects unless they are confident that the risks have been adequately assessed and can be satisfactorily managed.	<b>2024 DoH Language:</b> 18. Physicians <del>and other researchers</del> may not <del>engage</del> <del>be involved</del> in a research <del>study</del> involving human <del>participants</del> <del>subjects</del> unless they are confident that the risks <del>and burdens</del> have been adequately assessed and can be satisfactorily managed.

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When the risks are found to outweigh the potential benefits or when there is conclusive proof of definitive outcomes, physicians must assess whether to continue, modify or immediately stop the study.	When the risks <b>and burdens</b> are found to outweigh the potential benefits or when there is conclusive proof of definitive outcomes, physicians <b>and other researchers</b> must assess whether to continue, modify or immediately stop the <b>research study</b> .
<b>Vulnerable Groups and Individuals Individual, Group, and Community Vulnerability</b>	
<b>Paragraph 19</b>	
<b>2013 DoH Language:</b> 19. Some groups and individuals are particularly vulnerable and may have an increased likelihood of being wronged or of incurring additional harm. All vulnerable groups and individuals should receive specifically considered protection.	<b>2024 DoH Language:</b> <del>19. Some groups and individuals are particularly vulnerable and may have an increased likelihood of being wronged or of incurring additional harm. All vulnerable groups and individuals should receive specifically considered protection.</del> <b>19. Some individuals, groups, and communities are in a situation of more vulnerability as research participants due to factors that may be fixed or contextual and dynamic, and thus are at greater risk of being wronged or incurring harm. When such individuals, groups, and communities have distinctive health needs, their exclusion from medical research can potentially perpetuate or exacerbate their disparities. In order to be fairly and responsibly included in research, they should receive specifically considered support and protections.</b>
<b>Paragraph 20</b>	
<b>2013 DoH Language:</b> 20. Medical research with a vulnerable group is only justified if the research is responsive to the health needs or priorities of this group and the research cannot be carried out in a non-vulnerable group. In addition, this group should stand to benefit from the knowledge, practices or interventions that result from the research.	<b>2024 DoH Language:</b> <del>20. Medical research with a vulnerable group is only justified if the research is responsive to the health needs or priorities of this group and the research cannot be carried out in a non-vulnerable group. In addition, this group should stand to benefit from the knowledge, practices or interventions that result from the research.</del> <b>20. Medical research with individuals, groups, or communities in situations of particular vulnerability is only justified if it is responsive to their health needs and priorities and the individual group or community stands to benefit from the resulting knowledge, practices, or interventions. Researchers should only include those in situations of particular vulnerability when the research cannot be carried out in a less vulnerable group or community, or when excluding them would perpetuate or exacerbate their disparities.</b>
<b>Scientific Requirements and Research Protocols</b>	
<b>Paragraph 21</b>	
<b>2013 DoH Language:</b> 21. Medical research involving human subjects must conform to generally accepted scientific principles, be based on a thorough knowledge of the scientific literature, other relevant sources of information, and adequate laboratory and, as appropriate, animal	<b>2024 DoH Language:</b> 21. Medical research involving human <b>subjects participants must have a scientifically sound and rigorous design and execution that are likely to produce reliable, valid, and valuable knowledge and avoid research waste. The research</b> must conform to generally accepted scientific principles, be based on a thorough knowledge of the scientific

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<p>experimentation. The welfare of animals used for research must be respected.</p>	<p>literature, other relevant sources of information, and adequate laboratory and, as appropriate, animal experimentation. The welfare of animals used for research must be respected.</p>
<b>Paragraph 22</b>	
<p><b>2013 DoH Language:</b>            22. The design and performance of each research study involving human subjects must be clearly described and justified in a research protocol.</p> <p>The protocol should contain a statement of the ethical considerations involved and should indicate how the principles in this Declaration have been addressed. The protocol should include information regarding funding, sponsors, institutional affiliations, potential conflicts of interest, incentives for subjects and information regarding provisions for treating and/or compensating subjects who are harmed as a consequence of participation in the research study.</p> <p>In clinical trials, the protocol must also describe appropriate arrangements for post-trial provisions.</p>	<p><b>2024 DoH Language:</b>            22. The design and performance of <b>all medical each</b> research <b>study</b> involving human <b>participants subjects</b> must be clearly described and justified in a research protocol.</p> <p>The protocol should contain a statement of the ethical considerations involved and should indicate how the principles in this Declaration have been addressed. The protocol should include information regarding <b>aims, methods, anticipated benefits and potential risks and burdens, qualifications of the researcher, sources of funding, <del>sponsors, institutional affiliations,</del> any potential conflicts of interest, provisions to protect privacy and confidentiality,</b> incentives for <b>participants subjects,</b> provisions for treating and/or compensating <b>participants subjects</b> who are harmed as a consequence of participation, <b>and any other relevant aspects of in</b> the research <b>study.</b></p> <p>In clinical trials, the protocol must also describe appropriate <b>any post-trial provisions. <del>arrangements for post-trial provisions.</del></b></p>
<b>Research Ethics Committees</b>	
<b>Paragraph 23</b>	
<p><b>2013 DoH Language:</b>            23. The research protocol must be submitted for consideration, comment, guidance and approval to the concerned research ethics committee before the study begins. This committee must be transparent in its functioning, must be independent of the researcher, the sponsor and any other undue influence and must be duly qualified.</p> <p>It must take into consideration the laws and regulations of the country or countries in which the research is to be performed as well as applicable international norms and standards but these must not be allowed to reduce or eliminate any of the protections for research subjects set forth in this Declaration.</p>	<p><b>2024 DoH Language:</b>            23. The protocol must be submitted for consideration, comment, guidance, and approval to the concerned research ethics committee before the <b>research study begins.</b> This committee must be transparent in its functioning <b>and must have the independence and authority to resist undue influence from the researcher, the sponsor, or others. <del>and any other undue influence and must be duly qualified.</del> The committee must have sufficient resources to fulfill its duties, and its members and staff must collectively have adequate education, training, qualifications, and diversity to effectively evaluate each type of research it reviews.</b></p> <p><b>The committee must have sufficient familiarity with local circumstances and context, and include at least one member of the general public.</b> It must take into consideration <b>the ethical, legal, and regulatory norms and standards <del>the laws and regulations</del></b> of the country or countries in which the research is to be performed as well as applicable international norms and standards, but these must not be allowed to</p>

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<p>The committee must have the right to monitor ongoing studies. The researcher must provide monitoring information to the committee, especially information about any serious adverse events. No amendment to the protocol may be made without consideration and approval by the committee. After the end of the study, the researchers must submit a final report to the committee containing a summary of the study's findings and conclusions.</p>	<p>reduce or eliminate any of the protections for research <b>participants subjects</b> set forth in this Declaration.</p> <p><b>When collaborative research is performed internationally, the research protocol must be approved by research ethics committees in both the sponsoring and host countries.</b></p> <p>The committee must have the right to monitor <del>ongoing studies</del>, <b>recommend changes to, withdraw approval for, and suspend ongoing research. Where monitoring is required</b>, the researcher must provide <del>monitoring</del> information to the committee <b>and/or competent data and safety monitoring entity</b>, especially <del>information</del> about any serious adverse events. No amendment to the protocol may be made without consideration and approval by the committee. After the end of the <b>research study</b>, the researchers must submit a final report to the committee containing a summary of the <del>study's</del> findings and conclusions.</p>
<b>Privacy and Confidentiality</b>	
<b>Paragraph 24</b>	
<p><b>2013 DoH Language:</b> 24. Every precaution must be taken to protect the privacy of research subjects and the confidentiality of their personal information.</p>	<p><b>2024 DoH Language:</b> 24. Every precaution must be taken to protect the privacy of research <b>participants subjects</b> and the confidentiality of their personal information.</p>
<b>Free and Informed Consent</b>	
<b>Paragraph 25</b>	
<p><b>2013 DoH Language:</b> 25. Participation by individuals capable of giving informed consent as subjects in medical research must be voluntary. Although it may be appropriate to consult family members or community leaders, no individual capable of giving informed consent may be enrolled in a research study unless he or she freely agrees.</p>	<p><b>2024 DoH Language:</b> 25. <b>Free and informed consent is an essential component of respect for individual autonomy.</b> Participation by individuals capable of giving informed consent <del>as subjects</del> in medical research must be voluntary. Although it may be appropriate to consult family members or community <b>representatives leaders</b>, <del>no</del> individuals <del>s</del> capable of giving informed consent may <b>not</b> be enrolled in a research study unless <del>he or she</del> <b>they</b> freely agrees.</p>
<b>Paragraph 26</b>	
<p><b>2013 DoH Language:</b> 26. In medical research involving human subjects capable of giving informed consent, each potential subject must be adequately informed of the aims, methods, sources of funding, any possible conflicts of interest, institutional affiliations of the researcher, the anticipated benefits and potential risks of the study and the discomfort it may entail, post-study provisions and any other relevant aspects of the study.</p>	<p><b>2024 DoH Language:</b> 26. In medical research involving human <b>subjects participants</b> capable of giving informed consent, each potential <del>subject</del> <b>participant</b> must be adequately informed <b>in plain language</b> of the aims, methods, <b>anticipated benefits and potential risks and burdens, qualification of the researcher</b>, sources of funding, any <del>potential possible</del> conflicts of interest, <del>institutional affiliations of the researcher</del>, <b>provisions to protect privacy and confidentiality, incentives for participants</b>, <del>the anticipated benefits and potential risks of the study and the discomfort</del> <b>burdens it may entail, post-trial study provisions and any other relevant aspects of</b></p>

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The potential subject must be informed of the right to refuse to participate in the study or to withdraw consent to participate at any time without reprisal. Special attention should be given to the specific information needs of individual potential subjects as well as to the methods used to deliver the information.

After ensuring that the potential subject has understood the information, the physician or another appropriately qualified individual must then seek the potential subject's freely-given informed consent, preferably in writing. If the consent cannot be expressed in writing, the non-written consent must be formally documented and witnessed.

All medical research subjects should be given the option of being informed about the general outcome and results of the study

~~the study.~~ **provisions for treating and/or compensating participants who are harmed as a consequence of participation, and any other relevant aspects of the research.**

The potential **subject participant** must be informed of the right to refuse to participate in the **research study** or to withdraw consent to participate at any time without reprisal. Special attention should be given to the specific information **and communication** needs of individual potential **subjects participants** as well as to the methods used to deliver the information.

After ensuring that the potential **subject participant** has understood the information, the physician or another **appropriately** qualified individual must then seek the potential **subject's participant's** freely-given informed consent, ~~preferably in writing~~ **formally documented on paper or electronically**. If the consent cannot be expressed ~~in writing on paper or electronically~~, the non-written consent must be formally ~~documented and witnessed~~ **witnessed and documented**.

All medical research **subjects participants** should be given the option of being informed about the general outcome and results of the **research study**.

**Paragraph 27**

**2013 DoH Language:**

27. When seeking informed consent for participation in a research study the physician must be particularly cautious if the potential subject is in a dependent relationship with the physician or may consent under duress. In such situations the informed consent must be sought by an appropriately qualified individual who is completely independent of this relationship.

**2024 DoH Language:**

27. When seeking informed consent for participation in **a** research **study** the physician **or other researcher** must be particularly cautious if the potential **subject participant** is in a dependent relationship with them **physician** or may consent under duress. In such situations, the informed consent must be sought by an appropriately qualified individual who is completely independent of this relationship.

**Paragraph 28**

**2013 DoH Language:**

28. For a potential research subject who is incapable of giving informed consent, the physician must seek informed consent from the legally authorised representative.

These individuals must not be included in a research study that has no likelihood of benefit for them unless it is intended to promote the health of the group represented by the potential subject, the research cannot instead be performed with persons capable of providing

**2024 DoH Language:**

28. **In medical research involving** ~~For a potential research~~ **subject human participants** ~~who is~~ incapable of giving **free and** informed consent, the physician **or other qualified individual** must seek informed consent from the legally authorised representative, **considering any preferences and values previously expressed by the potential participant. Those persons incapable of giving free and informed consent are in situations of particular vulnerability and are entitled to the corresponding safeguards. In addition to receiving the protections for the particularly vulnerable, those incapable of giving**

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informed consent, and the research entails only minimal risk and minimal burden.	<b>consent must only be included if the research is likely to either personally benefit them or if it entails only minimal risk and minimal burden. These individuals must not be included in a research study that has no likelihood of benefit for them unless it is intended to promote the health of the group represented by the potential subject, the research cannot instead be performed with persons capable of providing informed consent, and the research entails only minimal risk and minimal burden.</b>
<b>Paragraph 29</b>	
<b>2013 DoH Language:</b> 29. When a potential research subject who is deemed incapable of giving informed consent is able to give assent to decisions about participation in research, the physician must seek that assent in addition to the consent of the legally authorized representative. The potential subject's dissent should be respected.	<b>2024 DoH Language:</b> 29. When a potential research <b>subject participant</b> who is <del>deemed</del> incapable of giving <b>free and</b> informed consent is able to give assent to decisions about participation in research, the physician <b>or other qualified individual</b> must seek that assent in addition to the consent of the legally authorized representative, <b>considering any preferences and values expressed by the potential participant.</b> The potential <del>subject's</del> <b>participant's</b> dissent should be respected.
<b>Paragraph 30</b>	
<b>2013 DoH Language:</b> 30. Research involving subjects who are physically or mentally incapable of giving consent, for example, unconscious patients, may be done only if the physical or mental condition that prevents giving informed consent is a necessary characteristic of the research group. In such circumstances the physician must seek informed consent from the legally authorized representative. If no such representative is available and if the research cannot be delayed, the study may proceed without informed consent provided that the specific reasons for involving subjects with a condition that renders them unable to give informed consent have been stated in the research protocol and the study has been approved by a research ethics committee. Consent to remain in the research must be obtained as soon as possible from the subject or legally authorized representative.	<b>2024 DoH Language:</b> 30. Research involving <b>subjects participants</b> who are physically or mentally incapable of giving consent, (for example, unconscious patients), may be done only if the physical or mental condition that prevents giving informed consent is a necessary characteristic of the research group. In such circumstances the physician <b>or other qualified individual</b> must seek informed consent from the legally authorized representative. If no such representative is available and if the research cannot be delayed, the <del>research study</del> may proceed without informed consent provided that the specific reasons for involving <b>subjects participants</b> with a condition that renders them unable to give informed consent have been stated in the research protocol and the <del>research study</del> has been approved by a research ethics committee. <b>Free and informed</b> consent to remain in the research must be obtained as soon as possible from <del>the subject or a</del> legally authorized representative <b>or, if they regain capacity to give consent, from the participant.</b>
<b>Paragraph 31</b>	
<b>2013 DoH Language:</b> 31. The physician must fully inform the patient which aspects of their care are related to the research. The refusal of a patient to participate in a study or the patient's decision to withdraw from the study must never adversely affect the patient-physician relationship.	<b>2024 DoH Language:</b> 31. The physician <b>or other researcher</b> must fully inform the <b>potential participants patient</b> which aspects of their care are related to the research. The refusal of a patient to participate in <del>research a study</del> or the patient's decision to withdraw from the <del>research study</del> must never adversely affect the patient-physician relationship <b>or provision of the standard of care.</b>

**Paragraph 32**

**2013 DoH Language:**

32. For medical research using identifiable human material or data, such as research on material or data contained in biobanks or similar repositories, physicians must seek informed consent for its collection, storage and/or reuse. There may be exceptional situations where consent would be impossible or impracticable to obtain for such research. In such situations the research may be done only after consideration and approval of a research ethics committee.

**2024 DoH Language:**

32. ~~For medical research using identifiable human material or data, such as research on material or data contained in biobanks or similar repositories, physicians must seek informed consent for its collection, storage and/or reuse. There may be exceptional situations where consent would be impossible or impracticable to obtain for such research. In such situations the research may be done only after consideration and approval of a research ethics committee.~~

**Physicians or other qualified individuals must obtain free and informed consent from research participants for the collection, processing, storage, and foreseeable secondary use of biological material and identifiable or re-identifiable data. Any collection and storage of data or biological material from research participants for multiple and indefinite uses should be consistent with requirements set forth in the WMA Declaration of Taipei, including the rights of individuals and the principles of governance. A research ethics committee must approve the establishment and monitor ongoing use of such databases and biobanks. Where consent is impossible or impracticable to obtain, secondary research on stored data or biological material may be done only after consideration and approval of a research ethics committee.**

**Use of Placebo**

**Paragraph 33**

**2013 DoH Language:**

33. The benefits, risks, burdens and effectiveness of a new intervention must be tested against those of the best proven intervention(s), except in the following circumstances:

Where no proven intervention exists, the use of placebo, or no intervention, is acceptable; or

Where for compelling and scientifically sound methodological reasons the use of any intervention less effective than the best proven one, the use of placebo, or no intervention is necessary to determine the efficacy or safety of an intervention and the patients who receive any intervention less effective than the best proven one, placebo, or no intervention will not be subject to additional risks of serious or irreversible harm as a result of not receiving the best proven intervention.

Extreme care must be taken to avoid abuse of this option.

**2024 DoH Language:**

33. The benefits, risks, burdens, and effectiveness of a new intervention must be tested against those of the best proven intervention(s), except in the following circumstances:

- ~~If Where~~ no proven intervention exists, the use of placebo, or no intervention, is acceptable; or
- ~~If Where~~ for compelling and scientifically sound methodological reasons the use of any intervention other than the best proven one(s), the use of placebo, or no intervention is necessary to determine the efficacy or safety of an intervention; and the patients who receive any intervention ~~less effective other~~ than the best proven one(s), placebo, or no intervention will not be subject to additional risks of serious or irreversible harm as a result of not receiving the best proven intervention.

Extreme care must be taken to avoid abuse of this option.

<b>Comparison Version by Mareen Reiter, CTU KSSG on 21Oct2024</b> changes in blue: <del>deletions</del> / <b>additions</b>	
<b>Post-Trial Provisions</b>	
<b>Paragraph 34</b>	
<b>2013 DoH Language:</b> 34. In advance of a clinical trial, sponsors, researchers and host country governments should make provisions for post-trial access for all participants who still need an intervention identified as beneficial in the trial. This information must also be disclosed to participants during the informed consent process.	<b>2024 DoH Language:</b> 34. In advance of a clinical trial, <del>sponsors, researchers and host country governments should make post-trial provisions for post-trial access</del> <b>must be arranged by sponsors and researchers to be provided by themselves, healthcare systems, or governments</b> for all participants who still need an intervention identified as beneficial <b>and reasonably safe</b> in the trial. <b>Exceptions to this requirement must be approved by a research ethics committee. This Specific information about post-trial provisions</b> must <del>also</del> be disclosed to participants <b>as part of</b> <del>during</del> the informed consent <del>process</del> .
<b>Research Registration, <del>and</del> Publication and Dissemination of Results</b>	
<b>Paragraph 35</b>	
<b>2013 DoH Language:</b> 35. Every research study involving human subjects must be registered in a publicly accessible database before recruitment of the first subject.	<b>2024 DoH Language:</b> 35. <del>Medical Every</del> research <del>study</del> involving human <b>participants subjects</b> must be registered in a publicly accessible database before recruitment of the first <b>participant subject</b> .
<b>Paragraph 36</b>	
<b>2013 DoH Language:</b> 36. Researchers, authors, sponsors, editors and publishers all have ethical obligations with regard to the publication and dissemination of the results of research. Researchers have a duty to make publicly available the results of their research on human subjects and are accountable for the completeness and accuracy of their reports. All parties should adhere to accepted guidelines for ethical reporting. Negative and inconclusive as well as positive results must be published or otherwise made publicly available. Sources of funding, institutional affiliations and conflicts of interest must be declared in the publication. Reports of research not in accordance with the principles of this Declaration should not be accepted for publication.	<b>2024 DoH Language:</b> 36. Researchers, authors, sponsors, editors, and publishers all have ethical obligations with regard to the publication and dissemination of the results of research. Researchers have a duty to make publicly available the results of their research on human <b>participants subjects</b> and are accountable for the <b>timeliness</b> , completeness and accuracy of their reports. All parties should adhere to accepted guidelines for ethical reporting. Negative and inconclusive as well as positive results must be published or otherwise made publicly available. Sources of funding, institutional affiliations and conflicts of interest must be declared in the publication. Reports of research not in accordance with the principles of this Declaration should not be accepted for publication.
<b>Unproven Interventions in Clinical Practice</b>	
<b>Paragraph 37</b>	
<b>2013 DoH Language:</b> 37. In the treatment of an individual patient, where proven interventions do not exist or other known interventions have been ineffective, the physician, after seeking expert advice, with informed consent from the patient or a legally authorised representative, may use an unproven intervention if in the physician's judgement it offers hope of saving life, re-establishing health or alleviating suffering This intervention should subsequently be made the object of research, designed to evaluate its safety and efficacy. In all cases, new	<b>2024 DoH Language:</b> <del>37. In the treatment of an individual patient, where proven interventions do not exist or other known interventions have been ineffective, the physician, after seeking expert advice, with informed consent from the patient or a legally authorised representative, may use an unproven intervention if in the physician's judgement it offers hope of saving life, re-establishing health or alleviating suffering This intervention should subsequently be made the object of research, designed to evaluate its safety and efficacy. In all cases, new information must be recorded and, where appropriate, made publicly available.</del>

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changes in blue: ~~deletions~~/additions

information must be recorded and, where appropriate, made publicly available.

**When an unproven intervention is utilized in an attempt to restore health or alleviate suffering for an individual patient because approved options are inadequate or ineffective and enrollment in a clinical trial is not possible, it should subsequently be made the object of research designed to evaluate safety and efficacy. Physicians participating in such interventions must first seek expert advice, weigh possible risks, burdens, and benefits, and obtain informed consent. They must also record and share data when appropriate and avoid compromising clinical trials. These interventions must never be undertaken to circumvent the protections for research participants set forth in this Declaration.**