Join our unsung heroes on trial

By Dr Stephen Lillioja*

Next time you go to the chemist to collect your prescription, think about the first person to ever take that medication. If it weren’t for him or her, you wouldn’t have access to safe and effective medication now.

The history of medicine is filled with unsung heroes. For example, if it weren’t for one Reserve Constable Albert Alexander* then you – the person standing at the chemist’s counter today - would not have access to one of the most effective medicines of all time: penicillin.

Albert Alexander was the first person reported to undergo a clinical trial of penicillin after being admitted to the Radcliffe Infirmary in Oxford, England, in 1940.

Aged 43 at the time, he had been pricked by a rose thorn and had a severe infection on his face. Surgery was ineffective, so in desperation he was given a clinical trial of penicillin.

His treatment started on February 12, 1941 and he showed an almost immediate and striking improvement. But there was so little penicillin available from Dr Howard Florey’s laboratory that, by February 17, the supply was exhausted and the patient eventually died.

What Dr Florey (an Australian) was able to conclude, however, was that penicillin could be given over five consecutive days without toxic side effects.

Albert Alexander was in dire straits (“rose gardener’s disease” killed thousands of people before penicillin became widely available) and to this day, many people become involved in clinical trials because they are suffering from diseases which have no effective cures.

But there are many other ordinary people who volunteer for clinical trials because they can see the benefits for the broader community and they want to play their part. The truth is that we all share the responsibility of ensuring that new medicines are safe and effective for ourselves, our families and our communities.

So, what are the rights, wrongs and ethical considerations of clinical trials? Let’s look at a few scenarios – and your responses to them.

Would you volunteer your child for a trial of a vaccine for malaria to see if it was safe to use on children in Thailand, even when your child would never benefit from it?

Would it be okay to trial a vaccine for childhood diabetes on African children who could never afford to use it?

Should we trial a medicine for lowering cholesterol on healthy people in India just to see if it was safe to try on Australians?

Would we risk the health and wellbeing of a destitute person just so a wealthy person could reap the benefits?
The answer to all these questions is clearly "no, that would be unfair". So, what principle should guide us in deciding who will trial a new medicine? The principle is justice, not the procedural justice we expect from our legal system, but distributive justice.

Distributive justice tells us that both the benefits and burdens of medical research should be fairly distributed. Those who reap the benefits must also shoulder the burdens.

We all use medications, we all want better medications, so we should all get involved. The medical profession strives to ensure that medicines are safe and effective while improving all the time. We, as patients, have a duty to give something back by participating in clinical trials.

The Illawarra Health and Medical Research Institute (IHMRI), located on the University of Wollongong campus, recently established a Clinical Research and Trials Unit. The institute is involved in evaluating the effectiveness of medicines that have already undergone substantial initial testing and are close to being made available to the public. This includes trials on treatments or vaccines for common conditions such as gout, blood pressure, cold sores and shingles.

Whether you suffer from these conditions or not, IHMRI is seeking your support by asking you to respond to recruitment advertisements placed in the Illawarra Mercury. It’s a great way of giving something back to the community.

* Albert’s dramatic story, plus a detailed description of the next nine patients who shortly followed him can be read in the medical journal Lancet, Volume 238, Issue 6155, Pages 177-189 (16 August, 1941) available online through the NSW State Library.

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