

Challenges and ethical implications of distinguishing between research and rollout in pandemic responses

The scale and pace of health research in the COVID-19 pandemic has resulted in an exceptionally rapidly evolving evidence base, with governments and public health authorities rolling out strategies for COVID-19 diagnosis, treatment and prevention at an unprecedented rate. In such circumstances, it can be challenging to distinguish between research and public health, particularly when the interventions being researched may also be implemented in evolving public health responses. This seminar looks at the moral grounds for drawing distinctions between research activities and public health practices in a pandemic, and the implications of such distinctions for how they are conducted, governed, and communicated about with relevant populations.

Time: Monday 24 May 2021 1pm-2pm (London)

To register: https://zoom.us/webinar/register/WN_V4nIkSwMRLifWanI0DA6HQ

Chair: [Prof. Lisa M. Lee](#), Associate Vice President for Research and Innovation; Director, Scholarly Integrity and Research Compliance; Research Professor, Population Health Sciences, Virginia Tech, VA, USA

Panel: [Prof. Jim Lavery](#), Conrad N. Hilton Chair in Global Health Ethics, Hubert Department of Global Health, Rollins School of Public Health and Center for Ethics, Emory University, Atlanta, USA

[Prof. Jerome Singh](#), Head of Ethics and Law, Centre for the AIDS Programme of Research in South Africa, Nelson R. Mandela School of Medicine, University of KwaZulu-Natal, South Africa; Adjunct Professor, Dalla Lana School of Public Health, University of Toronto, Canada

[Dr. Rieke van der Graaf](#), Julius Center, Dept. of Medical Humanities, University Medical Centre, Utrecht, The Netherlands

The following questions will form the basis of the seminar's panel discussion. Seminar attendees are invited to submit questions in advance of the seminar when they [register](#) or during the live discussion.

1. The boundary between what counts as research and what counts as routine practice in public health (e.g., surveillance) is sometimes blurry. Does the pandemic make this distinction even more blurry? If so, what are the ethical implications of this? Should we be more flexible in drawing the line between research and practice in this context?
2. What challenges arise when it is difficult to distinguish between research and surveillance/rollout? (What counts as research? What counts as rollout?)
3. How should research adapt to changing public health and clinical care practices during a pandemic?