RE: Subjects or Objects: Volunteers or Captives

The New England Journal of Medicine recently published an editorial review on the ethics of research performed on prisoners at a variety of detention centers[1]. The name of Dr. Andrew Ivy was mentioned for his contributions to the Nuremberg trials and the creation of the Nuremberg Code. Unfortunately, the reference to Ivy did not include the embarrassment that he caused later to himself and to the field of medical ethics.

The ethics concerning the inclusion of prisoners and other confined individuals into research studies centers on coercion. Those who are in captivity may have a number of motives to participate in research that separate them from the usual patients with an illness. On the hand, prisoners may be truly exploring the benefits of potentially valuable research agents for themselves; if so, why should they not equally participate? Dr. Ivy assisted in the writing of protective rules on clinical research including the use of non-coercion when he was involved at the Nuremberg trial. He was reflecting on the atrocities that occurred in Nazi concentration camps. A few decades later, he changed face and took advantage of a different type of captive population, the cancer patients.

A number of examples of the abuse on prisoners predated the dreadful research on black prisoners infected with syphilis at Tuskegee. In 1906, prisoners participated in a cholera study that killed 13 men[2]. In 1915, a public health service researcher induced pellagra in Mississippi inmates, offering parole for their participation. Some of these prisoners developed severe pellagra, including mental disorders[2].

Nothing compares to the dreadful inhumane experiments by 20 Nazi doctors on the predominately Jewish inmates in Nazi concentration camps. These were acts of torture, barbarism and murder. In 1946, the Medical Trial at Nuremberg prosecuted them. Dr. Andrew Ivy appeared as an AMA appointed medical ethics consultant. The Nuremberg Code became a set of early rules on human experimentation. When defense lawyers at Nuremberg implied that American scientists had conducted wartime research by infecting prisoners with malaria and that was analogous to the experiments of the Nazis, Dr. Ivy countered that malaria experiments were an example of "ideal," non-coercive research.

At the beginning of my career, I was involved twice in situations that connected me, in some manner, to Dr. Ivy. In the late 1960’s, while I was doing research on human monocytes and it’s possible relationship to malaria, I needed blood samples from infected individuals. I was granted entrance into the Federal Penitentiary in Atlanta where malaria research was being conducted. In those days, informed consents were not an issue. The
prison officials called the infected inmates for blood drawings. There seemed to be no obvious coercion, but I felt that the prisoners were overly willing to comply. Conversations with a few of them pointed out the gains they sought by cooperating. They needed money, wanted favorable status in prison, and hoped for earlier parole. Dr. Ivy claimed that this was “ideal” non-coercive research, but did these prisoners who became infected with malaria do so non-coercively? Did they understand the risks of malaria?

My other involvement with Dr. Ivy was less tangential. While I was a medical student, my mother was dying of a malignancy. I was an anxious, frightened, emotional son who wanted help for his mother so that she would be alive long enough for my upcoming marriage and, hopefully, even longer for my medical school graduation. I explored so many options; other chemotherapeutics, experimental agents, and treatments outside of standard medical care. I had heard about krebiozen and its miraculous cures of cancer. Dr. Andrew Ivy was one of its developers. By way of phone contact to his office, I received literature that described examples of success. In addition, forms were sent to me to purchase krebiozen. I also received documents to sign that would serve as a testament of success. At that time, I cared not about signing a fallacious testimonial or the request for money. I felt like a prisoner or a captive because my mother had cancer and was dying. I had needs for her and cared not about being fully informed on what I was receiving. I purchased the krebiozen, but before I received it, my mother died. I donated what I received to a physician to use on another relative of mine who was dying with cancer. In addition, I took a sample of krebiozen and gave to my biochemistry department at the medical school. They determined that the material was nothing more than mineral oil.

In his earlier career, Dr. Ivy had received numerous awards and was granted distinguished positions. With krebiozen, he was appropriately dishonored. The coercion that he found offensive by the Nazi doctors, he applied in a different degree, for personal gain, by abusing captive individuals, the cancer patients and family members. Dr. James F. Holland reviewed the fabrication of krebiozen data and deception by Dr. Ivy[3].

Apologies for these emotions in a Newsletter. However, the recent article with reference to Dr. Ivy simply reopened the past. Certainly, I was an emotional youngster as a medical student trying to save my mother. But, I am still emotional about abuses in medical ethics at the end my career, almost five decades later. In conclusion, permit an analogy (perhaps a poor one). Dr. “Ivy” can be likened to the “ivy” (plant life). The ivy can grow, climb to the heavens, and beautify what it enwraps. But, some types of ivy (kudzu) grow to dominate, conquer and destroy what it captures.

Keywords: krebiozen, medical ethics, Nuremberg Code, Nuremberg trial

References: