

Deontological versus Teleological Views of Deception in Medical Research

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Abstract

The need for valid research remains urgent and a priority for all authentic studies. One of the research procedures (allowed in special circumstances) is the deception of research participants for some reasons in order to use them in the study. Questions emerge on whether deceiving participants is acceptable, and how deception actually compromises the respect for persons. Arguments for or against deception in research usually anchor on either deontological or teleological reasons. This however creates tension. This study has suggested determination on whether deception in research is right or wrong, based on how those studies balance concern for science versus research participants' welfare. The most authentic study, as proposed in this paper, is a research approach which only accepts to use deception in research, when both the concern for science and concern for participants remains simultaneously high; and not deception at the expense of the research participants.

Key words: Deception, Deontological, Teleological, Concern for Science, Research Participants' Welfare

Introduction

Research activities have involved cases of deception from time immemorial. Some researchers condemn the use of deception in research, while others argue that deception in research is acceptable based on the design. David J. Pittenger (2002) for example argues that as long as there is debriefing time; where research participants are given full information regarding their participation, and the reasons which led to their deception, then deception is acceptable. Wandler (2022) also adds that “current policies and practice should be revised to recognize the conditions under which the use of deception can be consistent with obtaining research participants’ valid consent” (p. 558). In response to the ingenious and egregious atrocities committed to the humans in the Nazi concentration camps, various codes and declarations have been made (Bamberg, Selgelid, Weijer, Savulescu, & Pollard, 2016). One of such is the Declaration of Helsinki, which states that “... in any research on human beings, each potential subject must be adequately informed of the aims, methods, anticipated benefits and potential hazards of the study and the discomfort it may entail” (Declaration of Helsinki, Principle 9). Baum (2021) observes that even with such declarations, there are studies where informed consent is not sought, especially where benefits outweigh risks, and because without deception, those benefits will be lost. While some designs allow for some level deception in order to achieve the intended objectives, many other designs have used deception to earn cooperation from research participants, who would otherwise not have consented to participating in research, because the research activities were unsafe. The people that have used these types of deception, argue that it was necessary to disappoint a few humans, who would have been disappointed anyway, in order to gain knowledge generalizable to a greater majority.

Some of the people conducting these research activities have been scientists of the Christian faith. Falsehood and lies are vehemently condemned in the Bible, and their use, is equated to being children of Satan: “When he lies, he speaks his native language, for he is a liar and the father of lies” (John 8:44b, NIV). Diverse opinions exist, as to how to treat deception in research. On the one hand, some researchers view the research activity as a practice that should be judged from the end it achieves—knowledge, not the means used—deception. On the other hand, other observers assert that God’s commands in the Bible should be practiced in all spheres of life, even in professional research, and no deception whatsoever should be entertained. This paper seeks to

evaluate the practice of deception in research, using deontological and teleological ethical theories, in order to provide applicable options for scientists practicing their Christian faith at work.

One outstanding event in the history of the development of ethics is the Nazi trial, where healthy prisoners of war were infected with certain pathogens to test how human bodies would react to them. Several research participants died as a result (Bamberg, Selgelid, Weijer, Savulescu, & Pollard, 2016). The Nazi doctors/researchers, then concluded that those pathogens were lethal. One wonders, therefore, if these doctors would have used their own colleagues or children for such trial? In the Nazi trial, at least they had a convenient study population, people available for them to use, 'as they saw fit.' Many other researchers have not had the privilege to have prisoners available for trials. In those cases, deception came in handy, especially vulnerable populations that were too trusting. These people were deceived, abused, and abandoned. The following section presents a conceptual clarity on the use of deontology and teleology.

1. Deontology and Teleology: Conceptual Clarity

Deontology

This term comes from a Greek word *deon* (δέον), which means obligation, rule or duty. In ethics, deontology is the science of judgement of morality, whether it is good or bad, based on whether those acts were done in strict conformity with adherence to a set rule or rules. In this view, the set rule(s) determines whether the results would be determined to be acceptable or not, whether those results turn out to be good or bad. It is a way of calculating the goodness of the results, based on whether the acts that produced them were performed as required (Thomas A. J., 2023).

Deontology can be viewed from four perspectives: Kantianism, moral absolutism, divine command, and contemporary deontology. Kantianism, developed from philosophical arguments of Immanuel Kant, is the perspective that, in order for people to act in the morally right way, they must act from duty (*deon*). The people should have a sense of duty to act in ways that are morally right, irrespective of the consequences of doing so. It is not the consequences of actions that make them right or wrong but the motives of the person who carries out the action. One, therefore, ought to act in a way that s/he would, if that action became a universal law. A person therefore, ought to weigh his/her actions, on a scale of imagination of how things would be, if all people on earth were all required to act that way. Kantianism thus argues that humans should be treated, never simply

as a means, but always at the same time as an end. Every actor, therefore, should act like a legislating member, acting always, based on what would life be, if those actions were common rules universally (Thomas A. J., 2023).

Moral absolutism is the view that certain actions are absolutely right or wrong, regardless of the intentions behind them. To lie, for example, is absolutely wrong, and should never be entertained in any circumstance. This view removes all considerations for intentions when deciding how to act in a given situation. Moral absolutism has been regarded as an extreme application of deontology, which totally regards acts as being either absolutely right or wrong. In this view, there is just a right way of doing things, and the rest are absolutely wrong ways.

Divine command, is the view that the God has given guidance and regulations (in the Bible for instance) to direct humans on how to act in circumstances. A Christian, for example, would decide what to do in research, based on what the Bible dictates. To deceive, for instance, is definitely unacceptable. Contemporary deontology is the view that a bad act would be viewed as good, if it was committed in self-defence. Although this type of deontology seldom applies to research, it is worth understanding, so that it may guide interpretation on research actions based on deontological basis.

Teleology

Teleology comes from a Greek word, *Telos*, which means “the end or purpose of something.” Teleological ethical theories are theories which describe our responsibilities and obligations in terms of our attainment of certain goals, or ends. In this perspective, the end justifies the means. The results attained in one endeavour, would define or determine goodness of the means used. Results are the basis of the act; if they are good, then the means used to achieve them will be evaluated as having been good. In this perspective, the ‘good’ expected results, as used as a basis to break the existing rules. In research, where regulations and guidance exist on how to design and implement studies, teleological views involve acting in contrary with those rules, because the expected results would be good (Baumane-Vitolina, Cals, & Sumilo, 2016).

Teleology can be viewed in two perspectives: act utilitarianism and rule utilitarianism. Act Utilitarianism dictates that one ought to seek to produce the greatest possible balance of good over evil, or the least possible balance of evil over good, for all who will be affected by one's actions.

Rule utilitarianism dictates that one ought to act according to those rules of action which, if generally adopted, will produce the greatest possible balance of good over evil, or the least balance of evil over good (Baumane-Vitolina, Cals, & Sumilo, 2016).

2. History of Deception in Research

The search for valid and generalizable knowledge through the testing of hypotheses and assumptions has often included the use of humans as participants. The fact that research is usually geared at advancement of science for the greater majority, and that direct benefit to individual participants is usually not the priority, means that ordinarily, not many participants would choose to be used in those studies. This is further compounded by the fact that some of those studies sometimes cause harm and pain to the participants, in order to reveal knowledge on what needs to be done to other people in similar circumstances. One of the interventions developed to deal with injustice performed against research participants is the Belmont Report. This report emphasizes the importance of respect for persons as autonomous agents. Involving human persons in any study needs to be preceded by information, comprehension and voluntariness to participate, given in the form of a documented informed consent. The information must detail every potential and foreseeable risks and benefits, and must be communicated to the participant in a language and tone that allows comprehension. Caution should be exercised in the request of informed consent, so that voluntariness is not compromised, either due to coercion or undue influence (Meier, 2021).

A common unintended deception in research is known as therapeutic misconception, an idea credited to Paul S. Appelbaum and his works half a century ago (Moran, 2021). Therapeutic misconception happens when a patient recruited into study believes that the very purpose of that researcher is to benefit him or her directly. It could be argued, that the only motivation for majority of participants, is the misconception that participating in those studies would be therapeutic or beneficial to them in one way or another. In most cases, therapeutic misconception is a false hope that patients/subjects create in their own minds, irrespective of how their physician/researcher explain to them the purposes of the study. In other circumstances, the researchers have employed deceptive means of making their potential participants to think that they were being 'helped' when in fact they were being 'used'.

One case example is the Tuskegee study, where a vulnerable population in America were deceived that they were receiving therapy against Syphilis, but were in fact being subjected to no treatment

at all, in order for the researchers to know some things about syphilis. The objective of this study was to find a solution to Syphilis, especially for the American soldiers that were getting ready to go to war. The vulnerable African American population in Alabama became a convenient study population, not because they were the only ones with this disease, but because they appeared to be less than humans, especially considering the evolution mindset of many American people of that time. There were other assumptions that this population was immoral, and would therefore catch the disease ‘anyway’, an assumption that provided a moral rationale and basis to perform the heinous acts to them in those studies that were conducted. The act of deception became even clearer when penicillin was discovered as a drug for the treatment of Syphilis. The researchers used deceptive mechanisms not prevent their study participants from accessing those drugs. When military recruitment was done, which would have given the sick participants an opportunity to get medication, the researchers prevented those opportunities from being available for their study participants.

Another study similar to the Tuskegee study is the Guatemala Sex Study, conducted in 1946 -1948 (Tankwanchi, Asabor, & Vermund, 2023). In this study, the researchers deceived the female city prostitutes that they were being treated for certain diseases, but were really being inoculated with serum containing syphilis pathogens, so that they could spread to their clients in the military barracks targeted for the trial (Katz, *et al.*, 2018). In this study, deception was fundamental. According to Susan M. Reverby (2020) Cutler, the lead doctor and researcher in this study, admitted to have deceived his participants that the inoculum used, and which contained the spirochetes that caused syphilis, was a treatment. Reverby even quotes Thomas Rivers, a leading virologist who worked with Cutler, and who in support of deception said secrecy, and even law breaking, was sometimes necessary to further research; and that though it is against the law, “the law winks when a reputable man wants to do a scientific experiment... unless the law winks occasionally, you have no progress in medicine” (p. 16).

There was also a case of deception in the reporting system. Reverby observes that the PHS physician R. C. Arnold, who supervised Cutler was for sometimes troubled about the study, and advised Cutler to conceal some truth, as noted in the quote below attributed to Arnold by Reverby (2011):

I am a bit, in fact more than a bit, leery of the experiment with the insane people. They cannot give consent, do not know what is going on, and if some goody organization got wind of the work, they would raise a lot of smoke. I think the soldiers would be best or the prisoners for they can give consent. Maybe I'm too conservative. ... Also, how many knew what was going on? I realize that a *pt* [patient] or a dozen could be infected, develop the disease and be cured before anything could be suspected. ... In the report, I see no reason to say where the work was done and the type of volunteer (Reverby, 2011, 22).

This quote by Arnold shows the depth in which deception in research can go—even into reporting and publication. The Guatemala Sex Study was later stopped; but an official apology by the United States of America came many years later, in October 2011 from the Secretary of State, Hillary Rodham Clinton and President Barack Obama (Reverby, 2011, p. 22).

Another case of deception is a human radiation experiment, sponsored by the government of the United States of America; a study that took place between 1944-1974. The report from the Advisory Committee on Human Radiation Experiments revealed extensive deception performed in the course of this study (Bochud, et al., 2020). First, the people hired to mine uranium, who would be exposed to radon, were not adequately informed about the purpose of the study and the risks. In their finding number 17, the Committee found that the human radiation experiments involved a lot of deception, partly because it would be embarrassing to the government should the participants ever find that they were only being used in experimentation. The Committee, therefore, found substantiated findings of deliberate and outright deception by the government and researchers, in order to use human beings to conduct studies, which would harm those humans.

The Willowbrook Hepatitis Study carried out between 1955 and 1970 is another case of deception. Mentally disabled children were admitted to a boarding facility, which would act as a nursing home and school. Hepatitis was a serious issue in this vicinity, and it was expected that since the disease was infectious, most or all the children would have been infected; and that it was just a matter of time. The authorities and medical community were also trying their best to study the disease in order to provide interventions. During this time, an idea was floated in the research community in New York, of the possibility of infecting healthy children with hepatitis on purpose, in order to establish the effects of gamma globulin on combating hepatitis, to test a hypothesis that

the researchers had. Parents were informed and they consented. The Willowbrook case, on the surface, would pass for an ethically performed study, because consent was sought. According to Baum (2021), however, informed consent is required to have full disclosure of information (foreseeable and potential benefits and risks), comprehension, and voluntariness. The parents who brought their disabled children to this boarding school were given an option of having their children join a study. The information was packaged, so that it would seem as though children going through the study arm, would have some extra benefits related to care and treatment, which their counterparts not included in the study would dearly miss. The reality on the ground however, was that the researchers wanted humans to experiment on, and this population appeared to be convenient. The information given to the parents was not entirely true, since the process was not really therapeutic.

The 1960 Tea Room study is another case example of deception in research. In this study, Laud Humphreys, conducted a social science research in public toilets, to study the behaviour of participants of homosexual orientations. He deceived his participants that he was one of them, and that he would be watching out for the police, as two partners were enjoying themselves in one of the public toilets. In this study, consent was sought, but mostly denied. Humphreys, employing some deceptive means, still conducted the study, and would even later follow some participants to their homes to continue with the interview. Most of the participants were dismayed by the intrusion; with a great possibility of post-research family challenges; arising due to flouting of the confidentiality principles.

As part of a 1963 Brooklyn Jewish Chronic Disease Hospital study, research was carried out to determine the body's ability to deal with foreign cells, without neither their knowledge nor consent, patients were injected with live cancer cells, a study with no clear evaluations of the benefit-risk analysis and no control mechanisms. The patients were enrolled deceitfully, giving them incomplete and incorrect information of why they were in that exercise. The researchers envisaged that because the participants had weak immunity due to other conditions, the cancer cells would be rejected. It turned out that the cancer cells were not rejected; and the consequence of that study was detrimental to the participants.

In the modern times, deception in research comes in two main areas: therapeutic misconception and denied payment of study participants. Therapeutic misconception was originally conceived by

Paul Appelbaum, and relates to a false hope that patients develop, that being in the study would give them treatment for ailments they are suffering from, without realizing that research is not designed to do that. As can be expected, therapeutic misconception cannot always be blamed on the researcher, since some patients when selected to participate in studies, can choose to have therapeutic misconception, which no amount of information can remove. Many patients who get enrolled in a study are deceived, either intentionally or unintentionally, that being in the study would give them treatment, or will ameliorate their ill conditions, and improve their chances of getting well. Professionally, research activities are seldom designed to become treatment in themselves; and professional scientists, are usually concerned with the information and knowledge that is generalizable, rather than their immediate participants. If any effort is exerted, either by the doctor/researcher, or by their designated assistants, to create an impression, real or implied, that being in the study will enable a sick person to be treated, this is deception.

Another area of deception is related to payment of research participants. Many people participate in research and do not get paid in cash or in kind, even when their pay is justified. In the long run, these participants are used to generate knowledge, ideas, and conclusions, but cannot be paid, in keeping to certain rules of respect of persons and voluntariness. Proponents of anti-pay perspectives argue that payment of participants amounts to inducement; something which has the potential to sway one's ability to make objective judgement, and having potential to influence a participant into participating in studies they would not have otherwise consented to. Payment, according to these proponents, could thus be viewed as veiled manipulation, exploitation of participants, or even a form of coercion. Informed by this perspective, therefore, participants are subjected to a study, risking their lives, using their bodies, and even expending their manhours, for no cash or kind payment. In other instances, what usually happens, is that participants/patients are promised treatment for their diseases; something which no actual research can guarantee. Even when those studies come up with treatment, it is always a product of chance, since other participants are usually placed in placebo wings of trials.

3. Deontological Views of Deception in Research

Deontological views of deception in research is basically that, it is not right to offer any information whatsoever that is untrue, whether in writing or in speech, whether intended to mislead or not. Hilbig and Thielmann (2021) assert that deception in research contradicts the central

principle of informed consent by intentionally misrepresenting the truth. It is all but universally agreed that a fundamental tenet of medical ethics is that physicians should not deceive their patients. For instance, the American Medical Association (AMA) seems to endorse a strong deontological principle that prohibits deception in medicine, stating in its principles of medical ethics that, “A physician shall uphold the standards of professionalism, be honest in all professional interactions, and strive to report physicians deficient in character or competence, or engaging in fraud or deception, to appropriate entities” (Thomas R. , 2020, p. e528).

One reason why deception in research is not welcome, based on Kantian deontological framework, is that the researchers would not like a situation, where such deception would become a universal law. Immanuel Kant, in his *Groundwork of Metaphysic of Morals*, asserted: “Act only according to that maxim whereby you can at the same time will that it should become a universal law without contradiction” (Hirsch, 2023). Many researchers who design their studies to include deception, would not at the same time wish that deception became a common rule. Even in cases where deception was propagated by the state in studies such as the Guatemala Sex study, and the Tuskegee study, funded by the United States of America government, the actions were loathed, and official apologies issued—by both presidents, Bill Clinton and Barack Obama (Reverby, Ethical failures and history lessons: the U.S. Public Health Service research studies in Tuskegee and Guatemala, 2012). The official apologies suggest that the government position is that such acts should not have happened in the first place, and that government regretted that occurrence, as indicated by Susan M. Reverby:

My work has focused on two troubling studies in American medical research history: 1) the United States Public Health Service (PHS) Study of Untreated Syphilis in the Male Negro, better known as the Tuskegee Syphilis Study (1932-1972) for which then President Bill Clinton apologized in 1997; and 2) the U.S. PHS Inoculation Sexually Transmitted Diseases (STD) Studies in Guatemala (1946-1948) that received worldwide attention, a high-level U.S. government apology to Guatemala on October 1, 2010, and government sponsored reports in both countries (3-9). Each of these studies involved the powerful U.S. government, focused on primarily poor and rural African American men in one case, and Guatemalan sex workers, mental patients, soldiers, and prisoners in the other. Each

entailed deception, lack of any real consenting processes, and the intended failure to treat syphilis in Tuskegee, and the actual purposeful transmission of potentially life-threatening STDs in Guatemala (2012, p. 1).

Reverby (2012) therefore points out government's acknowledgement of the fact that something wrong happened, and deception should not have been done. In both of the official written apologies, the government pointed out where deception happened. For example, the "men were told the diagnostic spinal taps were 'special treatment'. There was no consent, except for the autopsies. They were told they were being treated for their 'bad blood'. The men were given vitamins, iron tonics and aspirins as 'cures'" (Reverby, Ethical failures and history lessons: the U.S. Public Health Service research studies in Tuskegee and Guatemala, 2012, p. 5). The government also pointed out where deception happened in the Guatemala study: "There was no informed consent. The VDRL, the PHS and Guatemalan health officials held closely information about the studies. Even the director of the mental hospital was not told what was being done" (Reverby, Ethical failures and history lessons: the U.S. Public Health Service research studies in Tuskegee and Guatemala, 2012, p. 8). The point that Kant sought to emphasize, and which was one of his maxim, was that humans must act "in such a way that you treat humanity, whether in your own person or in the person of any other, never merely as a means to an end but always at the same time as an end" (Hirsch, 2023). An honourable person, according to Kant, would not abuse their freedom, but would maintain their perfect obligation not to use themselves or other people merely as a means to some ends. It is not right to treat other humans as means to own end, but must maintain the moral duty to seek the ends that are good and equal for all. To achieve this, humans must act as a legislating member in the universal kingdom of ends (Hirsch, 2023).

According to Dillon (2021), a deontological approach to ethics is usually good for patient-subject protection, but unhelpful to the larger society. Deontological decisions and points of arguments would be suitable especially in protection of an individual subject; without consideration for generalizability of knowledge or benefits to the majority of the people and development of science. By nature, doctor-patient relation is rule based, thus deontological; based on medical teachings and expectations. Every breach of those rules is usually treated as neglect, a gross misconduct punishable by law. While it is good, Dillon (2021) argues that this orientation is wanting, especially in the field of research, for it rarely comes up with generalizable information, which is good for

science and human development. This thus calls for consideration of teleological perspectives of deception in research.

4. Teleological Views of Deception in Research

Teleological views of deception in research, also called consequentialism, is the view that deception in research is acceptable, if the results of doing them are good to the individual being deceived, and/or to the society at large. The results then, are used to justify whatever means that were used to achieve them; the outcomes to determine the morality of the intervention. According to Mandal *et al* (2016), a teleological approach involves constant calculation of benefits, and using them to justify the pains that participants go through. In a teleological perspective, good decisions are those which lead to better consequences. In this respect, it could be argued that the several consequence-based arguments of deception in research, are all teleological in perspective. For example, when one argues that it is good to deceive participants, to expect treatment, so that they can be willing to participate in studies that can determine the safety of certain drugs, and that the consequence of those trials would help many sick people to get good drugs, these arguments are said to be teleological.

The proper use of placebo in research, together with a good informed consent process is usually a valued process in clinical trials. Deception in research has however been done through the use of placebo especially in clinical trials (sometimes also in behavioural studies). Franklin G. Miller, David Wendler and Leora C. Swartzman (2005) observe that, in the balanced placebo design, researchers deceive their participants that they will be getting drugs, even when they know either in full or in a balance of probability that their participants would be getting sugar pills with no pharmacological activity. This is usually done, majorly for teleological reasons, hoping that it would be viewed as a lesser and necessary sin, especially once the efficacy of the treatments is ascertained and used. Miller *et al.* (2005) aver that research “designed to understand the placebo effect by deceptively manipulating the expectations of participants holds great promise for understanding the psychological and neurobiological dimensions of healing” (p. 0854).

A teleological perspective of these placebo drugs holds that since studies generally seek to discover truths that are helpful to human development, using deception to gain those truths would be beneficial in the long run. The use of deception only creates a conflict, especially when “the end

of discovering the truth is pursued by the means of deliberate untruth” (p. 0854). Miller *et al.* (2005) continue to argue that deception is usually acceptable in day-to-day life if it is beneficial to the one being deceived. For example, if telling a lie, to a moody lady that she is beautiful, would brighten her and make her perform her duties very well, then that deception was beneficial, and should be acceptable. Other people would argue that placebo is different, because participants in placebo research are not deceived for their own benefit, but rather for the benefit of science as a whole. To achieve this objective, placebo studies even infringe on prospective research participants’ rights to make choices on whether to participate or not. It can thus be argued that placebo research, though promising what the general public would want to have, it is still ethically wrong to the subject, for it does not accord respect for persons involved; undermining their faith in the truthfulness of study teams. Deception in research, as argued by Miller et al (2005), has another danger of influencing study teams and research assistants to develop positive inclination to deception, something which is detrimental to good character formation in general.

5. Way Forward

Research studies at the core are meant to cause human development. They should thus, be aligned and focused at achieving this aim, to put primary consideration on the humans they seek to develop. This means that the objective must be kept in mind, even at the design stage, to have objectives and research questions that are designed to lead to productive studies. Richard T. Lindsey (2018) observes:

Some questions are either too trivial to ask or too risky to ask. For example, one question asked was: “How long can a human being survive in ice cold water?” Research to address this question might provide some important information, but the question is unethical at the core, since it subjects human persons to extraordinary risk: a risk the question does not justify. Secondly, a poorly conceived and/or designed research endeavor can never be ethically tolerated, as it can never yield the reliable and valid data that is needed in science and it wastes limited financial and human resources (Lindsey, 2018, p. 79).

The balance of promoting both science and respect for persons at the same time, should be the intention of all the researchers. As noted, there are deontological and teleological benefits and

dangers of deceiving research participants, which also need a careful benefit-risk ratio analysis in designing a good way forward for the research. Even deontological perspectives alone need all round evaluations, because sometimes on the one hand, deception is utterly despicable; while on the other, it can be viewed as just withholding information, something which is not inherently evil. According to Baumrind (1985), sometimes a “full disclosure of everything that could possibly affect a given subject's decision to participate is not possible, and therefore cannot be ethically required”. In this arrangement, the study participant is given truthful information, but not in full; pending more elaboration at the end of the study (Curtis & Kelley, 2020). This is done to meet study objectives, which would otherwise not be achieved, should the participant have all the information ahead of time. In other words, the determination on whether to allow deception in research, whether motivated by deontological or teleological judgements, should really be informed by a productive balance of both the concern for science and the concern for participants.

Concern for science is the attitude of judging deception in research, whether right or wrong, based on whether it had a high or low concern for science, that is ability to develop and/or contribute to generalizable knowledge. One way that deception helps in developing generalizable knowledge is the use of placebo deception, and the discovery of the role of placebo effects in healing therapies; something which is helpful in understanding treatment of patients. The second way that deception helps in research is that it is necessary to avoid study bias arising when either the researchers or the participants know the drugs they are given, and can expect certain effects; thereby beating the very reason of investigation, and defeating science.

Concern for participants, in relation to deception in research, is a perception that deception is acceptable or not, right or wrong, depending on whether the concern for participants is high or low, respectively. Deception that is done to promote the welfare of the subject, to make his/her life better, and to contribute to his/her wellness, is considered acceptable. If deception on the other hand ‘sacrifices’ the subject, exposing him/her to deceptive means of achieving ends that bring no benefit to him/her, then such kind of deceptive endeavours are not acceptable, and those actions are considered wrong. Some scholars who support this form of deception, argue that the participants need to be informed ahead of time of the possibility of entering into a deceptive study, and the benefits of doing so. According to them, such a deception would then be ethical. In my

opinion, it is no longer possible to deceive a person, if they know ahead of time of the probability that they are being deceived.

The tension between concern for participants and concern for science creates, however, a new dilemma; something which should not be cultivated in the discipline of research. A researcher should not be put into this awkward decision, of having to choose between their design objectives and their participants. Moreover, a good number of researchers are also clinicians, people who have sworn to protect their patients as a matter of priority. Yet these researchers are consciously aware of the benefit of achieving authentic, generalizable knowledge, for the progression of their carriers and the field of science. This tension can be resolved by designing ways of performing research, for example using deception in a balanced way, so that both concern for patients and concern for science is reached and sustained in the study.

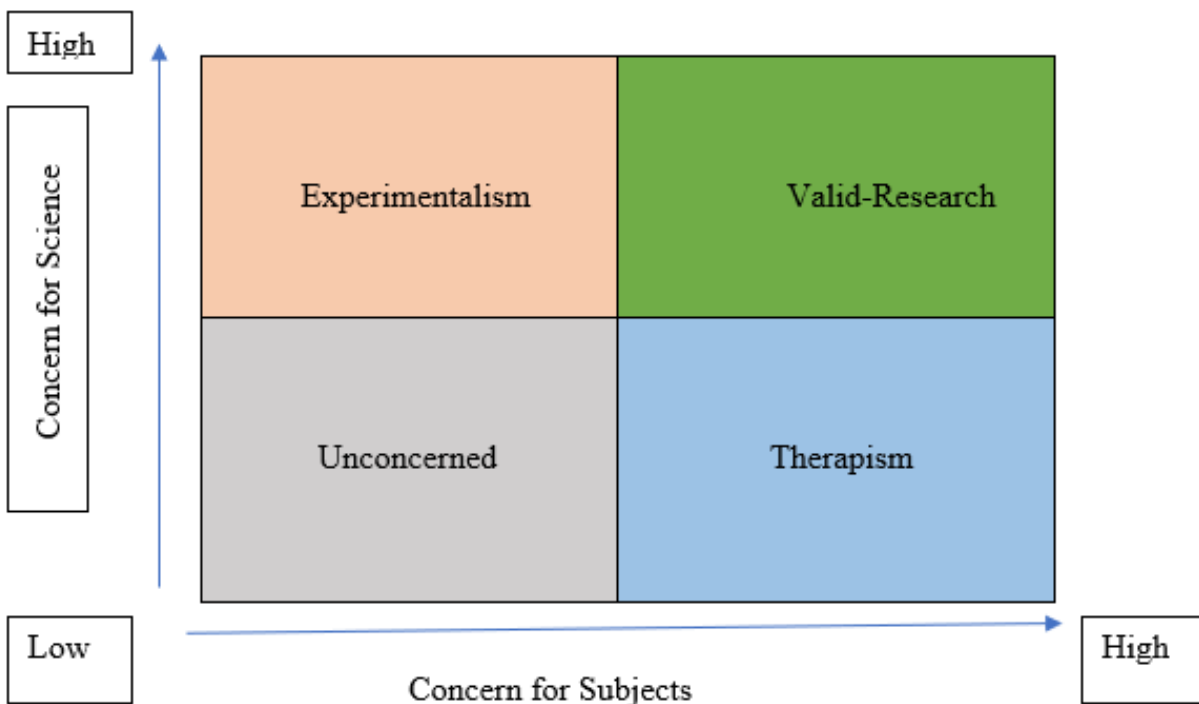


Figure 1: Author's own conceptualization of deception options in clinical research

Studies that have low concern for science and low concern for subjects (participants) are termed as ‘unconcerned’, because and the most unimpressive study. The study that is has high concern for subjects and low concern for science is termed here as therapism, especially because it is concerned only for the welfare of people, not generalizable knowledge. Studies that have high concern for science, and low concern for participants, are termed here as ‘experimentalism’ because of their priority on the development of generalizable knowledge, and low regard for the people involved. The best practice is where studies have a good balance of high concern for science and high concern for participants. This best practice is here termed as valid-research, and should be the way to go.

Conclusion

This study presented arguments surrounding the use of deception in research, from an ethical perspective. The article has narrated various historical incidences where deception occurred in research, and where it was accepted. This article has presented a twin perspective of judging whether deception is acceptable: deontological and teleological. Deontological perspective, based on the meaning of deontology, argues that deception is viewed to be right or wrong, based on whether the rules are obeyed or not. Research regulations emphasize the fact that research participants need to be respected. Respect for persons dictates that research participants must be allowed to make informed consent, based on information that is comprehensible and complete. Deontological arguments, therefore, stress that deception is evil, and unacceptable. The teleological perspective, based on the meaning of teleology, is the perspective that deception in research is acceptable or not, based on whether the end consequence is beneficial to the study participants, and/or the general public. In this perspective, the end justifies the means; the tension between deontological and teleological perspectives of deception in research. To find a solution, this study has proposed another way of using deception in research, based on whether there is high concern for both participants and science.

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