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Current Therapeutic Research

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Editorial

First International Conference on Health Research, Hannover, Germany

Welcome to the Special Edition on Clinical Trials, featuring scientific articles presented during 2016 at the First International Conference on Health Research held at the Hochschule Hannover, University of Applied Sciences and Arts, in Hannover, Germany.

This special edition contains selected peer-reviewed articles covering topics presented at the conference. From Germany, there is a scholarly discourse that interrogates the view that clinical research involving humans is only acceptable if it involves the potential for benefit. This was done while considering the ongoing conversation on whether the overriding ethical considerations should weigh more in favor of indirect benefits (ie, collective or benefit for society, excluding or including the trial patient in the long-term) than direct benefits. This was made more relevant by the fact that ethical guidelines, such as the Declaration of Helsinki, in its latest version, do not precisely favor a particular type of benefit. However, it was rationalized from an ethical view point that each benefit achieved for individual patients as part of a clinical trial testing new treatments, drugs, or medicinal products might be seen as social benefit as well, and even more when the tested drug or device will be made available for all patients of the country where the clinical trial was conducted after its market approval.

A Greek bioethicist argues in defense of medically enhancing human morality. The author expresses the view that moral enhancement by means of pharmaceutical interventions might be a moral duty based on Kantian ethics, and thus deflects arguments that focus on an individual's autonomy and free will. It was expressed that medically intervening with humans in such a way as to even eliminate morally unjustifiable choices does not necessarily compromise either free will or the autonomy of moral agents.

The argument above resonates with the choices that should be made when considering the roads to health in developing countries. Thus, researchers from Africa and Europe who have an interest in developing countries challenge the World Health Organization definition of health (as "not merely the absence of sickness,") in the light of ethnomedical beliefs about the cause(s) of illness. The World Health Organization definition has guided scientists and health care providers in the Western world in the development of health care programs in non-Western societies that are based on biomedical concepts. However, ethnomedical beliefs about the cause(s) of illness have given rise to alternative theories of health, sickness, and treatment approaches in the developing world. The definition of health in these settings tends to orient toward cultural beliefs, traditional practices, and social relationships. It is argued that human beings are guided in health care decisions by past experiences, family and friends, social networks, cultural beliefs, customs, tradition, professional knowledge, and intuition. No medical system has been shown to address all of these elements, hence the need for collaboration, acceptance, and partnership between all systems of care in cultural communities. They posit that perhaps mutual exclusiveness, rather than inclusiveness, of the 2 dominant health systems is the greatest obstacle to health in Nigeria.

Researchers from the Middle East argue that providing for the health needs of developing countries through clinical trials of drugs or devices in development could be financially rewarding considering the economics of most developing countries. It is highlighted that these communities are most in need of drugs for infectious and communicable diseases such as sexually transmitted diseases. These countries are ready-to-exploit territories for the development of innovative pharmaceutical products. This opportunity has been made more appealing by an increase in wealth and longevity. A change of lifestyle is slowly taking place in most developing countries, accompanied by a shift in disease trends. A disproportionately faster rise in the incidence of noncommunicable diseases such as cardiovascular illnesses, diabetes, and cancers has been noted in emerging markets, mimicking the patterns seen in their Western counterparts. The challenges faced by the pharma industries in their attempts to conquer the emerging markets were identified as infrastructure development, cost-containment policies, and value-driven drug evaluation. To overcome these hurdles, new strategies need to be adopted by pharmaceutical companies. Adequate tailoring and gains in the market are among the top strategies to be considered.

Overall, this special edition contains a mix of intellectual discussions on the philosophical dimensions of morality that should underpin clinical interventions while addressing the knotty issues of individual autonomy and choice. The meeting from which these came dealt with ethical issues that guide the conduct of clinical trials while highlighting the sociocultural considerations that may limit the provision of health services in communities if they are based solely on biomedical concepts. It further highlights the gains possible from investing in the clinical trial arena within developing countries.

As a conference organizer, I hope that you enjoy reading these articles and the accompanying abstracts and I look forward to your feedback.

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Article history:
Received 26 September 2017; accepted 10 October 2017

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http://dx.doi.org/10.1016/j.curtheres.2017.10.001