A Regional Collaborative Workshop

Up until this point, our account of collaboration, bioethics, and clinical trials has broadly reflected the views of those who are directly involved in clinical trials. In this penultimate chapter, we situate these accounts within the broader arena of debate that an engagement with international biomedical research brings into play within Sri Lankan society. In these commentaries are expressed yet further readings of clinical trials activity. Rather than collaborative research being seen as an aspect of development, it is singled out as a potential source of a very problematic and persistent underdevelopment. The public debates we document in this chapter were not triggered directly by the trials that we have discussed in previous chapters, but they figure as part of the broader context in which the trials that we studied occurred. In other words, they are a further expression of the work of second-order conceptual and epistemic development needed for trials to become established and accepted. In the cases we document, the idea of just what might be con-
considered to be “ethical” is contested and used strategically and rhetorically to critique and move research cultures in different directions.

To bring these critical voices into play, let us return to the event with which we began this book: the Regional Collaborative Workshop held at the University of Colombo, which posed the question “Why Should We Be Concerned about the Ethics of International Collaboration?” Invitations were widely distributed before the event via a number of regional mailing lists, and the responses were very positive. It appeared that, in many quarters, such an event was seen as both timely and important. The ethics of international science collaborations were clearly of considerable interest.

One person in whose inbox the invitation landed was a philosophy lecturer from Pakistan. Although he could not attend, he e-mailed effusively about the importance of the workshop. Among other things, he spoke of a specific concern: “the irony is that many problems which are actually caused by the process of modernization and ad hoc technological adaptation cannot be resolved without being modernized.” What he seemed to be saying was that, for him at least, there was no space outside the terms of the debate as it had already been established; in order to participate, one had to do so in terms of an “other.” The location of this workshop and the participation of local representatives talking on the topic of international collaboration appeared to offer the possibility of a small space in which a different dialogue might take place.

Had he attended the workshop, he might have had reasons to be pleased as well as disappointed. He would have been pleased because the event brought together a number of regional perspectives. There were presentations of case studies of international collaboration from Bangladesh, Nepal, India, and Sri Lanka. Open discussion followed about the perils and possibilities inherent in international collaboration. However, he might also have experienced a certain amount of disappointment, for even though the meeting reflected on the ethical issues raised by international collaboration, it did so in terms that mostly kept within an accepted discourse of what these might be and what remedies might be put in place. According to the view he had expressed in his e-mail, he would have encountered the paradox of trying to modernize in order to deal with the problems that modernity itself brings, with the paradox evident in terms of an aspiration to conform to universalistic models of ethical review, research governance, and the notions of the “human subject” that are its focus. There was a good deal of talk about
transparency and accountability and a continual return to ethics review by committee as the way to achieve these. The dialogue that took place was instructive, but there was a sense that much was left off the agenda. In the course of the workshop, we began to glimpse some of the tensions evident in the embrace of research as development.

The chair of the Ethics Committee’s opening statement at the workshop brought attention to the assumption that biomedical research as a route to development does not automatically mean progress. As suggested by the images he showed concerning the fate of collaborators in France during World War II, collaboration brings cool as well as warm themes. We now explore the potentially adverse consequences of international collaboration by looking at three bioethical controversies that unfolded in Sri Lanka over the period of our fieldwork. These controversies provide a lens through which to view the tensions that occur around the practice of international collaborative research. How people positioned themselves in these disputes revealed the different and often conflicted kinds of investments at work in the business of conducting clinical trials.

It is not our intention to sit in judgment on the controversies we describe. Rather, we would like to consider collaborative research as contributing to “underdevelopment,” and the anxieties on which this critique is based.

Postcolonial Critiques

During the workshop, a representative from the Institute for Research and Development in Sri Lanka confronted the chair of the Ethics Committee. The exchange took place after the chair had talked about the ambiguous nature of collaboration. The specific criticism focused on events that followed the 2004 tsunami that swept over several coastal countries in the Asia-Pacific region on Boxing Day. At the time, a flurry of humanitarian aid organizations had introduced research and rehabilitation programs in Sri Lanka without sufficient standards for doing research under such circumstances. As noted by several anthropologists who have studied disasters and humanitarian aid (e.g., Fassin 2012; Pfeiffer 2003; E. Simpson 2014; Ticktin 2006), when a crisis sets in motion activity that is ostensibly about relief and assistance, it simultaneously generates a reality of its own—during the commotion, other things can happen. In 2004 a Japanese collaboration had conducted research
in Sri Lanka and had taken samples from people in order to study post-traumatic stress disorder.

In this instance, the allegation was that the study of post-traumatic stress disorder was both opportunistic and extractive: the traumatized individuals who had been displaced by the flood provided blood samples to foreign researchers without any clear indication of why or to what end. In the wake of the disaster, these people were far too vulnerable to be included in research, yet the samples were collected and shipped out of the country. Their removal raised further concerns about illegal appropriation of samples and “biopiracy.” Finally, came the most serious allegation: the collection of samples from vulnerable people would not have happened were it not for the questionable ethics clearance that had been given. The approval, it was alleged, was invalid as it was given post hoc; moreover, it was nepotistic as there was a family connection between one of the researchers and a member of ethics committee. These views expressed from the floor were part of the wider critique of international research collaborations (e.g., Sumathipala 2006), which have pointed to some as the development equivalent of iatrogenic medicine.

The audience, mostly composed of researchers from prestigious medical faculties across the island, quickly silenced the questioner, and made it clear that they were unhappy and uncomfortable with the public airing of these allegations. For them, the tsunami and the chaos it wrought—not only to people and places, but also to their procedures and protections—were problems of the past, and they considered the case closed. Some expressed the view that the study in question did indeed have legitimate ethics clearance from an appropriately constituted local ethics committee, so they did not see why the issue needed to be revisited again.

There was a general feeling that the grievances went much deeper than samples and consent in that particular study, connecting with a much wider and more critical analysis of the role of international biomedical collaborations in Sri Lanka. And, in the context of the workshop, many saw such views as unhelpful for progressing discussions about how to conduct ethics reviews and, by extension, legitimate scientific research.

The Institute for Research and Development (IRD), which the speaker from the floor represented, is an independent research organization. The events surrounding the tsunami had led members of the IRD to produce a corpus of materials regarding mental health research (Allden et al. 2009; Ekanayake et al. 2013), disaster management (Siriwardhana et al.
2012; Sumathipala, Jafarey, et al. 2010), and bioethics (Sumathipala 2006; Sumathipala, Siribaddana, et al. 2010). They drafted guidelines for research activity that takes place during or after a disaster (Sumathipala, Jafarey, et al. 2010; Sumathipala, Siribaddana, and Patel 2004). For their bioethics work, the group was funded by the Wellcome Trust, and they published several articles on the skills and views of ethics committee members (Sumathipala et al. 2008) as well as research participants’ understandings of informed consent and their role as research subjects (Sumathipala, Siribaddana, et al. 2010). In contexts where scientific literacy is low and trust in doctors is high among the research participants, Sumathipala and Siribaddana also suggested the value of a research ombudsman, whose role it would be to ascertain whether consent was freely given, autonomous, and without therapeutic misconception in contested cases (Sumathipala and Siribaddana 2004; also see Simpson 2005). This move would, in effect, introduce people to watch over the people watching over.

The notions of research governance that IRD members put forward mirror the organization’s advocacy for social justice and progressive change in Sri Lanka. Their particular interest is in the role of science, research, and development in reaching these objectives. As their website at the time of our research stated, one of their aims is “to create a new strategic alliance among academics, scholars, professionals, and the public to build a new research culture in Sri Lanka, so that the power of knowledge in science & technology could be mobilized to address the problems of the society using an evidence-based approach, which in turn is crucial for the sustainable development of the country” (Institute for Research and Development 2014). Not surprisingly, international collaboration in the form of “strategic partnerships” is an area of great interest and concern for the IRD. Research is seen as welcome when it can be harnessed to the needs of the society and its people; research according to this definition ought to produce development in the classic sense. The organization is critical when they see research as extractive, harmful, and serving the interests of Western—or indeed local—elites.

Their stance is not anti-science or anti-Western per se but rather a continual questioning of whether knowledge has application and value locally. The word “locally” here references far more than the local science community—it extends to the user-beneficiaries of the knowledge produced. Their disaster management guidelines make this view explicit: “More stringent policies have to be followed to prevent unethical data collection and exploitation of
disaster survivors giving due attention to issues such as a) what types of research, b) how soon, c) if based on local needs and priorities and d) complexities when combined with aid and clinical care” (Sumathipala, Jafarey, et al. 2010, 128). In this view, research carried out under circumstances of emergency is not denied outright, but it should only be done within stringent frameworks and with careful consideration of the needs of those whose very predicament is what renders them of scientific interest.

Research, when conducted for needs that are scientific rather than applied, and distant rather than local, is brought into question because it might be exploitative and potentially harmful. This is reflected in the IRD’s disaster guidelines:

> In the long-term disaster period, the IRD experienced the influx of foreign academics and researchers intent on conducting various researches on these Tsunami-affected populations and saw how beneficial and detrimental these can be on the local populations. Many of the researchers were from the developed world and their research agendas and interventions based on the western perspective which acted negatively on the local vulnerable populations. (Sumathipala, Jafarey, et al. 2010, 125)

From this perspective, local researchers are seen as those best able to gauge the needs of local people and how those needs might be best served by research. International collaborations and researchers are seen to promote foreign interests and cause local harms. The work of foreigners, even when they work with local researchers, may not bring benefits to “local people.” This argument is one that promotes a particular vision of research culture in which research is not in itself problematic unless it is a neocolonial, top-down exercise that furthers foreign research interests.

When international collaborative clinical trials are conducted in resource-poor contexts in different parts of the world, public controversies have followed, and fundamental discontents have increasingly found expression in the language of bioethics. In the Sri Lankan case, the possibility of research as underdevelopment was captured in the critique of Western biomedical research collaborations and the institutional grounds from which they spring. Such critiques are pronationalist and left-leaning in their orientation, and they echo postcolonial and Marxist analyses of the role of external powers and forces in regional development. Targeting the commercial aspects of the
clinical trials gives bioethics a strongly political hue, representing a novel front on which an old battle can be fought.

The Disbanding of an Ethics Committee

The second controversy demonstrated how disputes surrounding medical research are not limited to displeasure with foreigners working in international collaborations within Sri Lanka but also feature in the local institutional landscape. As reported on March 4, 2012, in the *Sunday Leader*, an English-language newspaper in Sri Lanka, the ethics committee of a university medical faculty was disbanded by its dean of medicine (Wickrematunge 2012).

As described in the article, several protocols pertaining to a pharmaceutical company’s multisite randomized controlled trial (RCT) were submitted to the university’s ethics review committee, but their approval was delayed. According to the article, in the meeting where the submissions were discussed, some of the applications were accepted but some were deemed to need expert opinion for further assessment. The committee then adjourned to give the reviewers sufficient time to complete their work. What made the item newsworthy was that the committee needed more time for the review than was available before the next meeting. Also, although it was not explicitly stated in the news article, clinical trial protocol submissions have deadlines; if they are not granted ethics clearance within certain time frames, they run the risk of being lost to competing groups in the country or elsewhere. The delay potentially put the committee in a bad light as it threatened to jeopardize the interests of the pharmaceutical company that wished to perform the trials.

Soon after the meeting, the Dean of the Medical Faculty announced that the ethics committee was incompetent in its decision making. The dean and a number of other members of the faculty were displeased with the way that the ethics committee was reviewing applications for ethics clearance. The changes requested by the committee, they said, reflected a lack of understanding of the multisite nature of pharmaceutical company trials, whereby methodologies and outcomes should remain in conformity with globally established standards and not be changed by individual local ethics committees—the trials had, after all, already been approved by ethics committees in other countries. By requesting changes to these protocols the local ethics committee was seen as overreaching its remit and engaging with the science of the RCTs rather than
focusing on the ethics of subject protection per se. After an acrimonious wrangle, the ethics committee was dismissed, a new committee was put in place, and eventually the trials were approved.

The chair of the disbanded ethics committee believed the dean had overstepped his authority by disbanding their committee, so she went public with the dean’s actions. A crucial element in her case was that the dean had close associations with a research unit that was hoping to host the trials. This was, in her view, a fundamental conflict of interest—as an important part of the research assemblage, the dean should have removed himself from handling matters relating to the trials altogether.

Our intention is not to take sides in this dispute—indeed, we have sketched only a very general picture of what was a complex, multilayered conflict—but to identify key vectors and conceptual issues that emerged. The episode illuminated starkly different visions of what the prevailing research culture should be and how it should be governed. In an interview, a member of the disbanded ethics committee explained her concerns regarding the use of placebos in one of the pharmaceutical company trials, an area where the ethics committee and the sponsors disagreed in what they felt was appropriate use. The committee also had concerns about the participant information sheets for the trial, which were lengthy and written in language that they thought people would not be able to understand:

Our people [i.e., Sri Lankans] are not going to read the whole thing and ask questions, they will just sign for whatever that is written in the information sheet and give consent, so it was really unfair when they were subjected to this kind of sort of thing. They were abusing their ignorance as well as their compliance to whatever the doctors suggest because actually they see them as gods. We are abusing such situations.

For this former ethics committee member, the primary duty of the committee is to consider the safety of the Sri Lankan population. This did not mean a wholesale condemnation of research, however:

I am not against clinical trials, without clinical trials we do not have the advancement in pharmacology, but these are funded by commercial industries, so there are ethical issues in relation to those. There are other trials which are conducted purely in the genuine interest, and such trials we need to
promote. I don’t know the ethics of these because these are industry-funded. Maybe if the mentioned issues were cleared and by obtaining a second opinion, and if the second opinion also was in favor of granting clearance, we would have done it—we have no objections. Some people probably think that we are against clinical trials, but that is not the case. I think we should conduct clinical trials, but not with the intention of making money but with a benefit for the country as well as maybe the population largely.

The quote highlights the critical differences between clinical trials sponsored by commercial enterprises and publicly funded, investigator-led trials. There is a suspicion that the former do not prioritize the interests of the trial participants and that they are conducted solely with monetary interests in mind rather than a benefit to Sri Lankans. A recurring theme in the Sri Lankan arguments against pharmaceutical companies conducting trials in resource-poor countries has been the precarious financial situation of the study participants and the consequent potential for exploitation. In highlighting the ethical problems with this particular set of pharmaceutical company trials, the committee’s stance was presented to us as an honorable and ethical one. That they were disbanded as a result was felt to be a misuse of power that put the safety of the people of Sri Lanka at risk.

The *Sunday Leader* article also cited the dean’s view of the furor, saying that the trials funded by pharmaceutical companies had nothing to do with the decision to disband the ethics committee; rather, the faculty had lost confidence in the committee because of its persistent delays, internal conflicts, and resignations. He said that he had a petition signed by fifty people on the faculty who supported his decision.

In another interview, a senior researcher from the Faculty at the heart of the dispute—said that they did want to attract more research to Sri Lanka: “We have the potential because we have such good science to provide careers and make internationally valid science. We have had troubles like war and the global recession, but we can still try and push for visibility at scientific meetings and improve our track record. We have only begun to scratch the surface.” The dean was also publicly advocating for what he believed to be crucial to the realization of this potential: a smoothly functioning regulatory system that facilitated all research, including studies carried out by pharmaceutical companies. The scope of this opportunity was not only institutional but national.
A group of individuals, including members of the faculty, drafted a national law on clinical trials in 2011. The *Sunday Leader* article spoke with another senior member of the unit who emphasized the global reach of local research and the role of the new legislation in it: “The aim of the new Sri Lankan Clinical Drug Act is to regulate the industry and bring it in line with international standards.” In short, to be successful, the multisite trials needed to proceed in step with global standards; in order to gain universally acceptable data, the protocols needed to be observed and not changed in the process. As we argued in chapter 7, to put Sri Lanka on the international biomedical research map, it is necessary to create confidence that research carried out there is the same as it is anywhere else in the world. Harmonized, working regulatory standards are a crucial part of a functioning trial environment that can take its place in a multisite, global, RCT laboratory. In this view, expressions of local specificity can easily prove an impediment to efforts to achieve this objective (Simpson et al. 2015).

The example of the disbanded ethics committee points to the varying concepts of what a national knowledge economy should look like and what the role of ethics review should be within it. What kind of research should be supported? Who should fund it? How and by whom should it be overseen and regulated? The attempt to draft a national law on clinical trial regulation also raised these questions, and as of the time of this writing it was still proving to be a complicated and protracted process (Karunanayake 2012; Lang and Siribaddana 2012).

The proposed regulatory act identified the Ministry of Finance as the key authority overseeing clinical trials instead of the Ministry of Health. This move—ostensibly a move from a health interest to a financial interest—was controversial in the eyes of many. Critics objected to the proposed legislation on the grounds that they had never seen a draft of the act so the majority of the scientific community could not stand behind it. The Sri Lankan Clinical Trials Sub-Committee of the National Medicines Regulatory Authority were so displeased about the Ministry of Finance becoming the authorizing body that they resigned over the disagreement. As they saw it, they could not approve of this linkage to a financially driven research culture. The proposals regarding which ministry should oversee clinical trials were subsequently withdrawn, and the Ministry of Health was reinstated. In 2012, the law was proposed to parliament, but its progress has stalled. As of 2017, there had been no further progress.
A Dispute over Findings

Controversies in science are rarely simple disputes about facts; often they represent deeper contests over meaning, interpretation, and how these should be applied in practice (Collins 2014; Mazur 1975, 1981; Nelkin 1984; Nowotny and Hirsch 1980; Suryanarayanan and Kleinman 2013). In our third example, we consider another instance in which an international collaboration sparked public debate, resulting in a local reconfiguration of biomedical research and its ethics. The controversy initially grew out of a series of publications in *The Lancet* that each analyzed the same condition but reported very different results.

In the making of scientific claims, a number of registers are brought into play. The journal articles in question reported on research into different ways of treating poisoning by oleander and organophosphates (a group of pesticides). Given the presumed scientific rigor of RCTs, a variety of questions are raised when different results are produced in relation to what is ostensibly the same phenomenon. Typically, these questions focus on experimental inaccuracies, differences in populations, and inadequacies in the way that the tools and technologies of the researcher’s trade have been used. However, by drawing attention to the socio-cultural contexts in which knowledge is made, we suggest that there might be something more going on here than research lacking in rigor. What this dispute highlighted is the way that local critiques of clinical trials activity become inflected with interests that are at once personal and ethical as well as political and scientific.

In the 1990s and 2000s, two significant research groups were working on poisoning in Sri Lanka. Each studied a range of poisons and how they are best dealt with. The researchers were, at times, working on the same conditions and substances.

Oleander is a bushy tree that grows widely across Sri Lanka, and its flowers and fruit affect the heart’s functioning when ingested; oleander poisoning is lethal in up to 10 percent of cases (Eddleston et al. 1999). Pace-makers had been the accepted way to address the cardiac arrhythmias that follow acute oleander poisoning, but these devices were not always available in the rural hospitals where these poisoning patients were likely to present (Eddleston et al. 2000). In 2000, a British doctor working in Sri Lanka and his group published an article that suggested that an antidote to oleander poisoning called antidigoxin fab could be an effective alternative to the use of pacemakers.
In 2003, another group published an article suggesting that activated charcoal was a cheaper and more efficient way of treating the heart problems caused by the ingestion of oleander (de Silva et al. 2003). Charcoal activated with oxygen to increase its surface area was believed to absorb the ingested poison effectively, enabling it to pass through the digestive system without being absorbed and thereby reducing its clinical effects.

Meanwhile, the first group had a study in progress that suggested that treatment with activated charcoal was ineffective in preventing death due to organophosphates (pesticides) and yellow oleander (Eddleston et al. 2008). The study, which was funded by the Wellcome Trust, was one of a number of high-profile collaborations between Oxford University in the United Kingdom and the University of Colombo in Sri Lanka. Both universities had provided this study with ethics clearance. In 2003, while the trial was still in progress, its ethics were called into question, and controversy ensued.

We interviewed the study’s principal investigator, and he described the background of the controversy:

One day we found a statement in the medical notes of a patient that a clinician had come to see a patient whose bowels were not looking very good and the question was if the charcoal had caused an acute surgical abdomen. So he came to see the patient and wrote to the notes something along the lines of: “This patient is being poisoned by charcoal in an unethical clinical trial, and I’m not willing to take any responsibility because this patient is unethically trialed. I’ll be writing to the medical secretary in Colombo, to express my displeasure” . . . I was advised by Sri Lankan colleagues to sit it out. Unfortunately, soon after, I was out of town in Colombo when it happened, I was called by one of my research staff at seven o’clock in the morning about a newspaper story about the study.

It transpired that the incident with the patient had been reported in two local newspapers with the claim that the trial was killing patients with a “black chemical.” The principal investigator continued:

I think the patient died about Saturday morning. By then, he had been in the hospital for 12 hours. Afterwards, the surgeon had gone to see the body with a judicial medical officer, the coroner, and a reporter, and they made the decision that I killed the patient and it should go to the newspapers . . . It
was published in the newspapers and the radio the next day. The coroner wrote to the hospital to say that you must stop this trial. Now, the coroner’s role, in my understanding, is to investigate what happened. If he feels that a police case has happened, he would appeal that case to the magistrate. Then the court of law will investigate the case and make the decision to arrest the doctor or whatever. But instead he wrote to the hospital and said that you must stop this trial, this trial is unethical. Killing patients.

Following the newspaper reports, demonstrations against the trial were held near the hospital where the study was conducted.\(^4\) Reported in the newspaper articles were the concerns of the participants’ relatives, who claimed that they had signed the consent form thinking they were consenting to treatment rather than research and that the patient had died because of the activated charcoal he had received rather than the ingested poison.

The principal investigator also explained that an issue further animating the controversy was the use of gastric lavage for poisoning patients. He explained that this was not the standard recommendation in international toxicology guidelines, but it was nonetheless widely practiced in Sri Lanka. His assessment was that lavage was common because it was seen to be “doing something,” even though in many cases it proved to do more harm than good. For this reason, the principal investigator had opted not to perform lavage on the trial participants, which gave the families an impression of neglect—even though this was widely recognized as part of the “best available treatment” in such cases.

After the furor over the death of the patient, several other sites where the study was conducted were still willing to continue the research. However, despite the attempts to reassure the public by explaining the therapeutic role of charcoal in organophosphate poisonings, the principal investigator said the credibility of the research had been badly damaged:

The doctor who instigated the event went to the Government Medical Officers’ Association [G.M.O.A] with a delegate to vouch the study to be halted. I got an overnight bus to Colombo, and by 8 a.m. I was sitting outside the secretary of health’s office. When he arrived, he said, “The G.M.O.A. sent a delegation to my office yesterday” and they said, “If you don’t stop this trial now we’ll strike nationally.” And he said, “What can I say when they put something like that to me; you can’t compete.”
Faced with the possibility of the entire country’s clinical staff going on strike, the researcher stopped the trial.

By the time Salla was working in Sri Lanka, the heat of the controversy had cooled. Nonetheless, the events had significant consequences for how trial sites were organized and particularly where new international collaborations were formed. Among the senior researchers it was said that “no white face should enter the trial site [where the controversy had taken place].” Although these comments were often made in jest, they were part of a more considered policy decision on the part of the research group managers. It was felt that sending in foreign investigators for short visits could cause confusion over the leadership of the trial. It was also felt that this strategy would help effect a meaningful transition to local leadership of the trials. In line with this position, also Salla’s requests to visit the hospital were politely put aside. The publicity surrounding the death of the trial participant had clearly left deep and abiding suspicions about international researchers in the institutional memory of the hospital where the trials had taken place.

We attempted to look beyond the public furor by discussing it with some of the protagonists. Significantly, a key issue identified in the various attempts to explain the course of events was the social relations existing within and between the international research collaborations. Nobody thought that the ethical concerns raised about the trial in the press were the primary reason for the controversy. A view put forward by several doctors and researchers was that research ethics were not really behind the media frenzy, but rather the conflicts over scientific relationships between the groups in which the research was being conducted.

A Sri Lankan researcher, who had worked in the hospital at the time when the events unfolded, reflected on the controversy as follows:

I think it was about the seniors of the researchers. The seniors in two British universities didn’t get along. Collaboration happens basically because Sri Lankans travel abroad and make friendships; they have contacts which they bring back because of personal interests . . . I was a house officer [a junior doctor] at the time in the hospital where these studies were made and sort of in between the two teams. I got along with both sides but was told by the head of my research team, “You can co-operate with them, but you have to follow me,” basically. There had been tensions in research between these two groups, and they were competing.
The researcher suggested that the controversy around the death of the patient went beyond the individuals involved and into the wider politics of international collaboration. Competition, rather than collaboration, seemed to be the primary driver for relationships:

*Sri Lankan researcher (SLR)*: People feel like they can’t trust each other—their feelings and ideas would be stolen, other people publish them first. Both the teams were working on similar things. Then when the results were published, one study was in favor and one was against.

*Salla Sariola (SS)*: How do you explain that?

*SLR*: Well, I can’t, we can’t know which one is correct. I suppose we need a new study to see about that.

*SS*: So science is getting in the way of human relationships.

*SLR*: Yes, or human relationships are getting on the way of science!

Several researchers made similar comments to the effect that competitive relationships were an impediment to collaborative knowledge production. As Bruno Latour (1982, 1993) would have it, research is not a “pure” emergence of facts but is deeply entangled in the circumstances that led to their investigation in the first place. In this process, the relationships between the people working on the research are not without relevance; rather, they play an important part in understanding the way in which the results of biomedical science are shaped and situated. As Brian Martin (2005) has argued, scientific evidence on its own can never resolve a scientific controversy—only people can. Martin has maintained that “evidence can always be disputed and theories are always open to revision, so disputes can persist so long as participants are willing to pursue them” (Martin 2005, 38).

In this case, new large grants and changes in leadership led to different organizational approaches to research and collaboration. A professor of clinical toxicology, who was appointed as the director, explained how to get collaboration right in this context where relations were fraught and can “get in the way of science”:

So you know, if you start to look at clinical research you do have to work out who are the active, existing participants [in the field of research], who’s going to drive the bus, and who are the passengers. It’s very important for them to
get on the bus and understand where it’s going, even when you may not expect very much out of them. And then those who are observers, and there are a lot of observers, they’re important as well. The observers are more like observers who happen to be observing you from the front of the bus, who you might end up figuratively driving over [if you’re not careful]. It’s worthwhile maintaining good collaborations rather than going to new hospitals with a lot of patients and having to establish new relationships there, because you have to deal with the complexity of people’s interpersonal relationships which can flip-flop around in this country.

The director further suggested that to get research “right,” careful attention has to be given to social relations in the location of the research. He suggested that for successful collaboration at country level, one needs to know the power dynamics of the local research “field.” Not doing so is to generate the potential for mistrust, fear, confusion, and competition. It might also encourage power games and ethical malpractice; in extreme situations, it may put researchers at risk of harm.

Yet carefully managed collaborations can result in warmer themes. Several years down the line from the controversy over the aborted poisoning trial, new channels for dialogue had opened up between the two groups. The reframing of mutual interests led them to decide that it was better to merge their research interests, not the least because they were often bidding for the same sources of funding. In effect, with the changing of personnel, the conflict was dissolved rather than resolved.

Scandals and deep divisions are as common in the world of Sri Lankan biomedical research as they are anywhere. For researchers coming from outside the country and its networks, it takes time to work out the existing relationships. The aborted trial example shows just how volatile these relationships can be and how they can undermine research and lead to contested findings. Indeed, it appears that “ethics” plays a strategic role in such disputes—it is a means to other ends. Conducting ethical research in transnational settings is a complex business, and if shortcomings are identified, these can be used by others to water down the value and credibility of otherwise legitimate scientific practice. They can also be used as a means of distraction. The cry of “ethics malpractice,” it turns out, may have little to do with the protection of the participants, and more to do with the mutual positioning of different collaborative ventures both locally and internationally.
Bioethics and Controversy

The history of bioethics is one of controversies. As scientific research in medicine becomes more globalized and its methods travel, “it is to be expected that its controversies will also be globalised” (Martin 2008). The events we have described in this chapter make explicit how a growing engagement with biomedical research generates different visions of how this activity fits into the wider imaginaries of culture, economy, and nation. As analytic devices, these controversies throw light on what is at stake for different protagonists. Disputes over just what a national research culture should look like bring the different positions into the fore.

Controversies make people reflect upon and rethink their positions, aspirations, and motivations with regards to collaboration, clinical trials, and bioethics. In scientometric measurements, research cultures are often spoken of as though they are fully harmonized national knowledge systems (e.g., Wagner 2008). However, what should be clear by now is that this simply is not the case—development through engagement with international biomedical science collaborations is complex and splintered. There is no single, common objective for international research collaboration. In Anna Tsing’s words, “in transnational collaborations overlapping but discrepant forms of cosmopolitanism may inform contributions allowing them to converse, but across difference” (Tsing 2004, 13). In the examples we have discussed in this chapter, conflicts arose from the fact that people had discrepant ideas about the relationship between good scientific conduct and the ethics by which it should be governed and guided. All this goes beyond any simple right or wrong way to conduct collaborative research.

Differences in views about research and its regulation render the machinery of ethical governance differently visible both to the public and the disputants (Martin and Richards 1995). After we had carried out fieldwork in Sri Lanka over a number of years, it became apparent that the world of international biomedical science collaborations is highly factionalized, with loyalties often based on intellectual pedigrees and underscored by networks in which kinship, ethnicity, and religion play important roles. When striking up international collaborative relationships, overseas partners are often unaware of the complexity of the local landscape. When controversies erupt, matters of disagreement surpass individual opinions, and conflicts are used
to channel other registers of difference. In the controversies that we have described here, the stakes were often so high that attempts at tempered public debate had little impact.

Thus, contrary to the presumption that there is a lack of research governance in low-income countries, Sri Lanka demonstrates something of an excess of competing authorities, formulations, and ideas of how regulation works and in whose interests. In short, there are different moral and political authorities in play when it comes to the legitimation of ethical review and oversight. The principles on which they rely draw their authority from different regulatory regimes and ethical traditions, and they manifest in procedures that are far from harmonized in practice. This poses the all-important question: which voices prevail?

The close connection between controversies in biomedical research, ethics, and power allows certain positions to become dominant over others. Those who have organizational and cultural capital are able to set up regulatory structures that are conducive to their interests. In the absence of either a uniform governance structure or a law governing the conduct of clinical trials, there is scope for individuals or groups to fill that space with initiatives that may look very similar to one another on the surface but are very different in practice. This fluidity can be a source of “underdevelopment,” with governance being compartmentalized and remaining incoherent.

In the fractured governance landscapes we encountered, invocation of the ethical was often used as a means to criticize others. (As a human rights lawyer we interviewed once put it to us, “the law has failed, the constitution has failed, let’s give bioethics a try.”) Under the novel guise of concerns over bioethics, interests of a political and, indeed, a personal nature could be aired. Although expressed in the language of subject protection, promotion of justice, and the mitigation of inequality, relations on the ground were characterized by allegations of neocolonialism, unfair competition, and plagiarism. In more serious cases, such allegations gave way to accusations of nepotism, corruption, “biopiracy,” and scientific fraud. In this power play, what ethics “is” matters less than what it can “do.”

In the allegations of unethical research conduct that we have reported on here, a common theme is that one set of researchers stood to benefit in some way from making others look as though they had acted unethically or improperly. Science and bioethics collaborations are not simply about cooperation
but also provide platforms on which to fight other battles, gain scientific merit, and further careers. They are also important mechanisms for the development of normative structures and the emergence of new conceptual frameworks. The examples we have provided show that conventional accounts of the place of research in “development” and as “progress” fail to recognize the importance of these local conflicts and negotiations in rendering new ideas and practices into the vernacular.