

June 4, 1998

To: S. P. [REDACTED]
fax: [REDACTED]
Pager: [REDACTED]

Verbatim comments
from AD run in
Memphis papers.
Calls taken by
Nicole Klotz at Hebert
Research, Inc.
6/4/98
Sassy Peterman

From: Nicole Klotz

Here are the calls received to date:

1. Michael [REDACTED] - He feels that the study is acceptable and should continue.
2. Ellen [REDACTED] - She feels that the drug is a good thing, however, every effort should be made to contact the family first.
3. Anonymous caller - It is terrible. She would sue if the drug was used on her.
4. Anonymous caller - He doesn't think that a drug like that should be used without the consent of the patient or the family.
5. Dr. [REDACTED] resident at the regional medical center at Memphis - He wanted to voice support for the waiving of informed consent and for the trial on shock trauma patients as described in the Commercial Appeal article.
6. Collins [REDACTED] - The drug should be administered only with consent. The family or patient should be consulted in all situations with regard to the taking of drugs or other agents in effort to prevent injury. There is no mention in the newspaper about the side effects of the new drug. He would like to see those discussed and brought out in the open, even at this early stage.
7. Anonymous healthcare worker in Memphis - He thinks that it is a good idea if nothing else can be done. He would want whatever is necessary, at all costs, to save his life.

8. Anonymous- She has a relative who is a policeman with the Memphis Police Dept. and if he were injured, he would be treated at the trauma center. She feels that the wrong people are making decisions on this drug and doesn't understand what the County Commission, City Council and Metropolitan Inter-Faith Assoc. have to do with it. The decision should be left to the doctors and researchers who know what they are doing. It is just like the insurance companies who cut patients off and they know nothing about medicine and will not let the doctors make decisions. She does not want to see the drug withheld from her relative if he needs it.
9. David [REDACTED] - He feels that this drug needs to be given to all patients and that patients should be made aware that if they come to a certain E.R. they will be likely to receive the drug, at least until the research period has passed.
10. Jean [REDACTED] Go for it! She feels that patients who really need it have a good chance of dying without it.
11. Charles [REDACTED] - He saw the article in the Memphis paper but didn't call until now (6/1). He felt that the study is a good idea if it will help people. He is hoping that the results of the study, and how people react to the drug, are published in the Memphis paper assuming the study is approved.

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ICOS CORPORATION

***Memphis Area Research
Executive Summary***

March 1998

ICOS CORPORATION
WAIVER OF CONSENT RESEARCH
Memphis Area Study
Executive Summary
March, 1998

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RESEARCH GOAL AND OBJECTIVES

Research Goal:

The primary goal of the research was to provide unbiased community input to ICOS Corporation for use in gaining approval for the implementation of a "waiver of consent" in administering a newly developed drug to trauma patients in a clinical study.

Research Objectives:

The following research objectives were addressed in conducting research for ICOS Corporation:

1. Measure the acceptance level of the Memphis area community towards personal receipt of a recently developed drug, if they were severely injured, without their written consent or the consent of their family.
2. Evaluate the acceptance level of the Memphis area community towards administration of a recently developed drug to patients in a research study.
3. Assess the concerns of those respondents who do not believe in the exception to written consent.
4. Determine the reasons for justification of the exception to written consent.
5. Develop a demographic profile of the respondents.

METHODOLOGY

A total of 508 respondents were interviewed by research assistants of Hebert Research between March 7th and March 26th, 1998. Residents of Tennessee, divided by Memphis and other, Arkansas and Mississippi were selected at random using stratified probability sampling methods. ICOS Corporation provided Hebert Research with the number of patients admitted to the trauma center in Memphis by the zipcode of patient residence. Zipcodes in Tennessee, Arkansas and Mississippi with the greatest number of patients admitted to the trauma center were included in the sample proportional to the number of patients in each zipcode. Respondents were contacted up to five times in order to obtain a representative sample of the population.

The response rate, which represents the proportion of individuals who agreed to participate in the research, was 59.6%. The incidence rate, which represents the proportion of individuals qualified to participate in the research, was 100.0%.

The data was analyzed using generally accepted univariate measures of central tendency and dispersion. For the analysis, zipcodes were grouped as Memphis, other Tennessee, Arkansas and Mississippi. *[Note: In questions where multiple responses were indicated, the totals in the graphs or charts may be greater than 100%, and only the most frequently stated responses are reported. Questions for which multiple responses were accepted will be identified throughout the summary.]*

Hebert Research has made every effort to produce the highest quality research product within the agreed specifications, budget and schedule. The customer understands that Hebert Research uses those statistical techniques which, in its opinion, are the most accurate possible. However, inherent in any statistical process is a possibility of error, which must be taken into account in evaluating the results. Statistical research can predict consumer reaction and market conditions only as of the time of the sampling, within the parameters of the project, and within the margin of error inherent in the techniques used.

Evaluations and interpretations of statistical research findings and decisions based on them are solely the responsibility of the customer and not Hebert Research. The conclusions, summaries and interpretations provided by Hebert Research are based strictly on the analysis of the data gathered, and are not to be construed as recommendations; therefore, Hebert Research neither warrants their viability nor assumes responsibility for the success or failure of any customer actions subsequently taken.

EXPLANATION OF MULTIVARIATE ANALYSIS

Multivariate analysis was conducted in order to examine differences among respondents according to specific pre- and post-classified segments, or groupings. The groups used are summarized below:

1. All questions by question 1 (administration of newly developed drug without written consent for severely injured).
2. All questions by question 2 (justification of the exception to written consent).
3. All questions by question 3 (reasons for concern).
4. All questions by question 4 (best interest of patient and/or community).
5. All questions by age (18-25; 26-35; 36-50; 51-65; 66-80; over 80).
6. All questions by education (Less than high school; high school; associate/ technical/ vocational; bachelor's degree; post-graduate degree).
7. All questions by gender.
8. All questions by zipcode of residence (Tennessee {Memphis}; Tennessee {other than Memphis}; Arkansas; Mississippi).
9. Questions 1, 2, 3 and 4 by ethnic background (Caucasian/white; African American; all others).

Multivariate analysis is an advanced statistical technique used in the testing of hypotheses and measuring the degree of association between variables. It involves Chi Square, analysis of variance and other appropriate tests of independence and association.

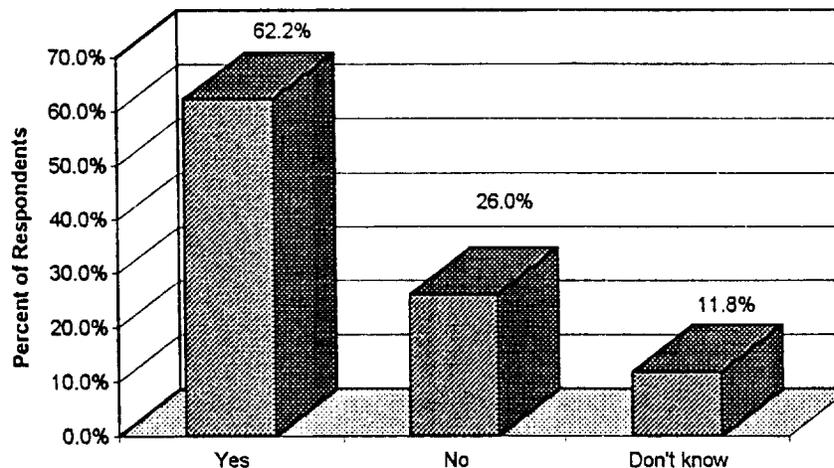
Interpretations and inferences set forth in the analysis are intended to provide an independent statistical perspective. The statistical procedures utilized were applied with a 0.95 confidence level for estimating values and/or providing significant inferences. A 0.05 significance level was used as the criterion to test hypotheses.

In addition to measures of significance in which differences have been determined at the 0.05 level, a measurement of association will also be reported. These measurements vary between 0 and 1. A measurement of 0 indicates that the variable in question does not explain (or is not associated with) the dependent variable, and a measurement of 1 indicates that the variable explains all of the dependent variable.

ADMINISTRATION OF DRUG WITHOUT CONSENT ***Improve Survival Chance vs. Increased Risk of Infection***

Respondents were asked whether they would want a newly developed drug given to them, personally, without written consent. This would take place under the condition that they would have a 25-50% chance of dying with standard treatment, and that administration of the drug might improve their chance of survival, but may increase their risk of infection. Nearly two-thirds (62.2%) of the respondents indicated they would want the drug administered without written consent. The column graph below illustrates the distribution of responses.

Administration of Drug Without Written Consent



Multivariate analysis determined that African American/black respondents (64.7%) were significantly less likely to want this newly developed drug given to them, personally, without written consent than Caucasian/white respondents (78.8%) or respondents in all other ethnic groups (83.3%). [Cramer's V = .15916]

Additional analysis found that respondents who lived in Memphis (67.4%) were significantly less likely to want this newly developed drug given to them without written consent than respondents who lived in Mississippi (77.8%), Arkansas (81.0%) or other Tennessee cities (81.6%). [Cramer's V = .13161]

Multivariate analysis indicated that African American/black respondents were significantly more likely to live in Memphis (81.1%) than in Mississippi (5.7%), Arkansas (7.0%) or other Tennessee cities (6.2%). [Cramer's V = .16032]

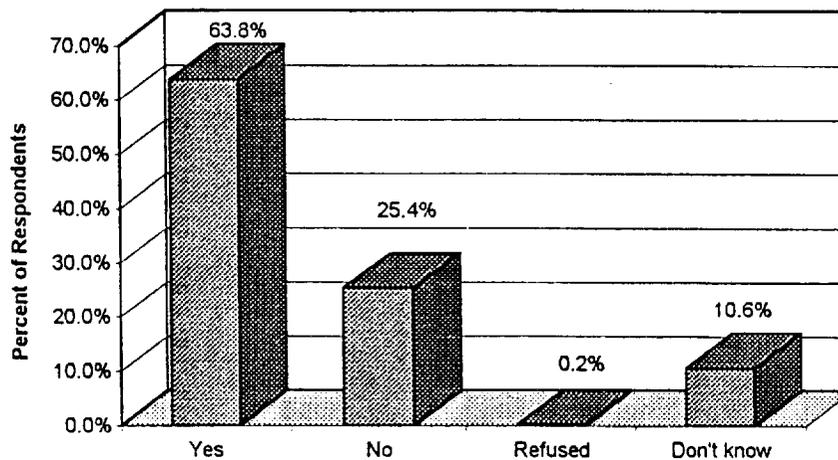
Additional analysis identified that no statistically significant differences exist between respondents based upon age, education or gender for responses given above.

ADMINISTRATION OF DRUG WITHOUT CONSENT

Justification in a Research Study

Respondents were asked whether they believed that the exception to written consent is justified in a research study of a new drug for treating severely injured patients. Again, nearly two-thirds (63.8%) of the sample felt the exception to written consent was justified in this research study situation. The range of responses is shown in the following column graph.

Justification in a Research Study



Multivariate analysis revealed that no statistically significant differences exist between respondents based upon age, ethnic background, education, zipcode of residence or gender for responses given above.

Additional analysis showed that those respondents who would want this newly developed drug given to them, personally, without written consent (88.7%) were significantly more likely to feel that the exception to written consent is justified in a research study of this new drug than respondents who would not want this drug given to them, personally, without written consent (30.7%).

ADMINISTRATION OF DRUG WITHOUT CONSENT

Concerns

Respondents, who did not believe that the exception to consent was justified in a research study, were asked to provide the reasons for their concern. Nearly one-half (47.4%) of the respondents believed that patients should not be included in research without their own consent or the consent of their family. Approximately fifteen percent (14.8%) feared the possibility of an increased risk of infection. All responses are provided in the table below and the average (mean) age of the respondents who stated each response is also included.

| | <i>Percent of Respondents</i> | | <i>Percent of Respondents</i> |
|---|-------------------------------|---|-------------------------------|
| Patients should not be included in research without their consent or consent of their family (50.4 years old) | 47.4% | Legal liability (43.0) | 1.1% |
| Fear of infection (48.3) | 14.8% | Won't know patient's medical history (63.0) | 0.5% |
| Don't know anything about it (72.4) | 2.8% | Don't know what controls are in place (43.0) | 0.5% |
| Distrust medical people (54.2) | 2.2% | Not necessary (30.0) | 0.5% |
| Will have a poor quality of life as a result (69.0) | 2.2% | Believe in divine healing (43.0) | 0.5% |
| Fear of other possible side effects (50.6) | 1.6% | Should be the doctor's decision (41.0) | 0.5% |
| Odds of death are too low (43.6) | 1.6% | Need more information to respond (77.0) | 0.5% |
| Experimental (34.0) | 1.1% | May become standard practice (47.0) | 0.5% |
| Violating individual rights (48.0) | 1.1% | Depends upon patient's age (80.0) | 0.5% |
| Fear of infection and is a violation of rights (33.5) | 1.1% | Don't believe it will help person live (63.0) | 0.5% |
| Recovery not guaranteed (63.0) | 1.1% | None | 0.5% |
| It's just about making money (81.0) | 1.1% | Don't know | 15.8% |

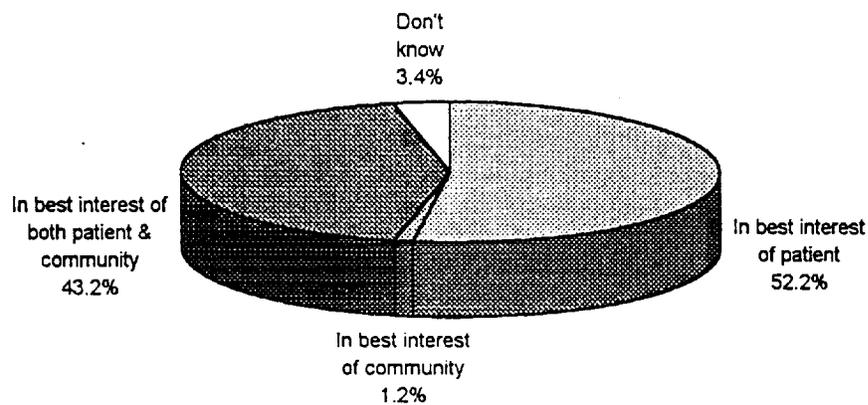
Multivariate analysis indicated that respondents who graduated from high school, had an associate, technical or vocational degree or had a bachelor's degree were significantly more likely to feel that patients should not be included in research without their consent or the consent of their family than respondents of all other levels of education. Respondents who had not graduated from high school were significantly more likely to not know anything about it than respondents of all other levels of education. [Cramer's V = .48369]

Additional analysis revealed that no statistically significant differences exist between respondents based upon age, ethnic background, zipcode of residence or gender for responses given above.

ADMINISTRATION OF DRUG WITHOUT CONSENT In Best Interest of Whom

Respondents, who felt that the exception to consent was justified in a research study, were asked to specify their reasons for justification. More than one-half (52.2%) of the sample felt that the exception to consent was in the best interest of the patient, followed by 43.2% who felt it was in the best interest of both the patient and the community. The pie chart below illustrates the distribution of responses.

In Best Interest of Whom



Multivariate analysis revealed that those respondents who indicated the exception to written consent was in the best interest of the patient (89.9%) or in the best interest of the patient and the community (89.6%) were significantly more likely to want the newly developed drug given to them, personally, without written consent than respondents who indicated the exception to written consent was in the best interest of the community only (33.3%). [Cramer's V = .18216]

Additional analysis found that no statistically significant differences exist between respondents based upon age, ethnic background, education, zipcode of residence or gender for responses given above.

DEMOGRAPHIC PROFILE

The sample (n=508) reflects the demographic profile of Memphis, Tennessee residents and surrounding communities. The average (mean) age of the sample is 49.9 years, and the sample is almost evenly divided between Caucasians and African Americans. Approximately forty percent (40.4%) of the respondents graduated from high school, and nearly one-half (44.2%) have an annual household income of \$35,000 or less.

Age (Mean = 49.9 years old)

| | <i>Percent of Total Sample</i> |
|---------|--------------------------------|
| 18 - 25 | 9.4% |
| 26 - 35 | 12.5% |
| 36 - 50 | 31.2% |
| 51 - 65 | 26.2% |
| 66 - 80 | 16.8% |
| 81 - 94 | 3.9% |

Ethnic Background

| | <i>Percent of Total Sample</i> |
|---------------------------------|--------------------------------|
| Caucasian/White | 49.4% |
| African American/Black | 44.9% |
| Asian/Pacific Islander | 0.4% |
| Hispanic | 0.4% |
| American Indian/Native American | 0.0% |
| Mixed Race | 0.2% |
| Other | 0.2% |
| Refused | 4.1% |
| Don't know | 0.4% |

Multivariate analysis revealed that Caucasian/white respondents were significantly more likely to live in Mississippi, Arkansas or Tennessee cities (other than Memphis) and African American/black respondents were significantly more likely to live in Memphis. [Cramer's V = .16032]

Education

| | <i>Percent of Total Sample</i> |
|------------------------------------|--------------------------------|
| Less than high school | 12.4% |
| High school | 40.4% |
| Associate, Technical or Vocational | 20.7% |
| Bachelor's degree | 14.6% |
| Post-graduate degree | 8.1% |
| Refused | 3.8% |

Additional analysis determined that respondents who were over 65 years old were significantly more likely to have not graduated from high school than respondents who were 65 years old or less. Respondents who were between the ages of 26-50 were significantly more likely to have a bachelor's degree than all other respondents.

[Cramer's V = .19906]

Multivariate analysis found that Caucasian/white respondents were significantly more likely to have a post-graduate degree or have graduated from high school than respondents of all other ethnic groups. African American/black respondents were significantly more likely to have not graduated from high school and significantly less likely to have a post-graduate degree than respondents of all other ethnic groups.

[Cramer's V = .13966]

Occupation

| | <i>Percent of Total Sample</i> |
|----------------------------|--------------------------------|
| Retired | 25.3% |
| Housewife/husband | 9.0% |
| Student | 4.6% |
| Manager/Supervisor | 4.5% |
| Lecturer/Teacher | 4.3% |
| Registered Nurse/Therapist | 3.5% |
| Unable to work | 3.1% |
| Housekeeper/Maid | 3.1% |
| Secretary/Reception | 2.6% |
| Accountant | 2.4% |
| Unemployed | 2.2% |
| Dental Assistant/Nurse | 2.0% |
| Carpenter/Plumber | 2.0% |
| Driver-Bus/Truck | 2.0% |
| Architect/Engineer | 2.0% |
| Sales- Retail | 2.0% |
| Fireman/Guard/Police | 1.8% |
| Clerk | 1.6% |

| | |
|--------------------------|------|
| Religious | 1.6% |
| Factory Machine Operator | 1.4% |
| Artist/Writer | 1.2% |
| Bank Teller/Cashier | 1.2% |
| Cook/Waiter/Waitress | 1.0% |
| Janitor/Porter | 1.0% |
| Construction | 1.0% |
| Mechanic/Repairman | 1.0% |
| Barber/Beautician | 0.8% |
| Mail/Postal worker | 0.8% |
| Dentist/Doctor | 0.8% |
| Business/Store Owner | 0.8% |
| Machine Operator | 0.6% |
| Factory/Railroad | 0.6% |
| Insurance/Real Estate | 0.6% |
| Baker/Tailor/Butcher | 0.4% |
| Foreman | 0.4% |
| Computer/Data Entry | 0.4% |
| Computer Programmer | 0.4% |
| Insurance Adjuster | 0.4% |
| Designer/Art Director | 0.4% |
| Delivery/Routeman | 0.2% |
| Farmer | 0.2% |
| Fisherman | 0.2% |
| Builder/Contractor | 0.2% |
| Business Non-Manager | 0.2% |
| Buyer/Purchasing | 0.2% |
| Public Official | 0.2% |
| Technical | 0.2% |
| Refused | 3.6% |

Zipcode

Tennessee (other than Memphis)

| | <i>Percent of Total Sample</i> |
|-------|--------------------------------|
| 38004 | 0.6% |
| 38012 | 0.6% |
| 38017 | 0.6% |
| 38018 | 1.4% |
| 38019 | 0.8% |
| 38024 | 0.4% |
| 38025 | 0.2% |
| 38037 | 0.2% |
| 38041 | 0.2% |
| 38049 | 0.4% |
| 38053 | 1.6% |
| 38063 | 1.0% |
| 38068 | 0.8% |
| 38141 | 0.6% |
| 38261 | 0.4% |
| 38301 | 0.2% |
| 38372 | 0.4% |
| 38391 | 0.2% |

Memphis

| | |
|-------|------|
| 38103 | 2.2% |
| 38104 | 3.6% |
| 38105 | 2.8% |
| 38106 | 6.8% |
| 38107 | 5.0% |
| 38108 | 3.6% |
| 38109 | 8.0% |
| 38111 | 2.6% |
| 38112 | 2.6% |
| 38114 | 4.4% |
| 38115 | 1.6% |
| 38116 | 4.0% |
| 38117 | 1.0% |
| 38118 | 3.2% |
| 38119 | 0.8% |
| 38122 | 1.8% |
| 38125 | 0.6% |
| 38126 | 2.2% |
| 38127 | 5.6% |
| 38128 | 2.8% |
| 38133 | 0.8% |
| 38134 | 2.6% |
| 38135 | 0.6% |

Mississippi

| | |
|-------|------|
| 38611 | 1.0% |
| 38614 | 0.4% |
| 38618 | 0.4% |
| 38632 | 0.6% |
| 38634 | 0.2% |
| 38635 | 0.8% |
| 38637 | 0.8% |
| 38638 | 0.2% |
| 38651 | 0.2% |
| 38654 | 0.6% |
| 38661 | 0.2% |
| 38668 | 0.4% |
| 38671 | 0.4% |
| 38676 | 0.8% |
| 38679 | 0.4% |
| 38680 | 0.6% |
| 38685 | 0.2% |
| 38816 | 0.2% |
| 38834 | 0.6% |
| 38863 | 0.2% |
| 38901 | 0.8% |
| 38922 | 0.2% |

Arkansas

| | |
|-------|------|
| 72301 | 3.2% |
| 72315 | 1.8% |
| 72335 | 1.2% |
| 72360 | 0.6% |
| 72364 | 0.4% |
| 72370 | 0.8% |
| 72390 | 0.4% |
| 72396 | 0.4% |
| 72401 | 0.4% |
| 72450 | 0.6% |

Income

| | <i>Percent of Total Sample</i> |
|-----------------------|--------------------------------|
| Less than \$20,000 | 23.5% |
| \$20,000 to \$35,000 | 20.7% |
| \$35,001 to \$50,000 | 15.2% |
| \$50,001 to \$65,000 | 9.4% |
| \$65,001 to \$80,000 | 6.1% |
| \$80,001 to \$100,000 | 2.0% |
| Over \$100,000 | 3.5% |
| Refused | 16.3% |
| Don't know | 3.3% |

Multivariate analysis found that respondents who were over 65 years old were significantly more likely to have an annual household income of less than \$20,000 than respondents who were 65 years old or less. Respondents who were between the ages of 18 and 50 were significantly more likely to have an annual household income of \$35,001 to \$50,000 than all other respondents. [Cramer's V = .22104]

Additional analysis discovered that respondents who had not graduated from high school were significantly more likely to have an annual household income of less than \$20,000 than respondents of all other levels of education. Respondents who had a post-graduate degree were significantly more likely to have an annual household income of more than \$100,000 than respondents of all other levels of education. [Cramer's V = .29452]

Additional analysis indicated that female respondents were significantly more likely to have an annual household income of less than \$20,000 than male respondents. [Cramer's V = .29452]

Gender

| | <i>Percent of Total Sample</i> |
|--------|--------------------------------|
| Male | 31.7% |
| Female | 68.3% |

RESEARCH CONCLUSIONS

The following conclusions were developed from the analysis of the research:

1. In the situation of being severely injured, the majority of the respondents indicated they would want the newly developed drug administered to them, personally, without written consent, knowing that there is an increased risk of infection. A slightly higher percentage of the sample felt that the exception to written consent was justified in a research study of such a drug. The majority of these respondents felt that the exception to consent was in the best interest of the patient, followed closely by those who felt it was in the best interest of both the patient and the community. African American respondents and Memphis residents were significantly less likely to want this drug given to them, personally, without written consent.
2. The primary concern, which was voiced by those who did not believe the exception to consent was justified in a research study, was that the patients should not be included in research without their own consent or the consent of their family. These respondents, also, would not want the drug administered to themselves if they were severely injured without their written consent. Those, who feared the increased risk of infection, were also likely to not want the drug administered to themselves without their written consent if they were severely injured.
3. The individual verbatim comments by respondents revealed that many were concerned about side effects other than the increased risk of infection. Some felt that more information was needed to determine the severity of the infection that may result. Others indicated that a 25-50% chance of dying was not high enough to warrant the use of a newly developed drug without consent from the injured patient. They seemed to feel that the chance of death should be greater than 50% before usage of the drug was considered. Others felt that a patient should not be saved from death if his or her quality of life would be affected afterward, i.e. brain damage. Also, some of the respondents were opposed to usage of the drug without consent if the medical history of the patient was unknown, since some people may be allergic to certain drugs.

4. Many were in favor of using the drug if every possible attempt to contact the patient's family members was to no avail. Some feared that if the doctors waited too long to treat a trauma patient, while trying to locate a family member, the patient's condition may worsen or it may be too late to save the patient's life. Some felt that if it were possible to increase the chance of survival for themselves or for a family member, they were strongly in favor of using the drug. Many felt that the decision about whether or not to use the drug should be left up to the doctor. Several suggested that an individual's driver's license or a medical bracelet should indicate whether or not they are for or against this waiver of consent in a critical, medical situation, where they are unable to provide consent. The older respondents indicated they would not want the drug given to them, however, they were in favor of using it to treat younger patients.

ADDITIONAL VERBATIM COMMENTS

I DON'T THINK IT SHOULD EVER BE ALLOWED. ALL THIS IS DOING IS TRYING TO PROTECT DOCTORS FROM A LAWSUIT.

I SHOULD THINK THAT IF THE PATIENT WERE TO RECOVER CONSCIOUSNESS, THEY SHOULD BE TOLD WHAT WAS DONE TO THEM. THE PATIENT SHOULD BE TOLD THE TRUTH AS SOON AS THEY ARE CONSCIOUS AND FULLY AWARE. IT IS THEIR RIGHT TO KNOW.

IF THE PERSON IS UNCONSCIOUS, I THINK IT SHOULD BE GIVEN TO THEM WITHOUT WRITTEN CONSENT. IF THEY ARE AWAKE, IT SHOULD BE THEIR CHOICE.

I GUESS IT WOULD BE O.K. IF THEY THOUGHT MY QUALITY OF LIFE WOULD BE GREAT IF I SURVIVED. IF I WAS GOING TO BE A PARAPLEGIC, THEN I WOULD NOT WANT IT DONE FOR ME. IF YOU CAN SAVE MY LIFE AND I CAN HAVE A QUALITY LIFE, THEN GO FOR IT. OTHERWISE, I'D RATHER DIE. I THINK THAT SHOULD APPLY TO OTHER PEOPLE, TOO.

HOW DO YOU KNOW IT IS GOING TO WORK IF YOU DON'T TRY IT WITH THIS POPULATION OF PEOPLE? THE FAMILY SHOULD BE TOLD AS SOON AS POSSIBLE.

I DON'T THINK ANYTHING EXPERIMENTAL SHOULD BE USED ON ANYONE IF IT HASN'T BEEN TESTED AND TRIED. IF THERE COULD BE SOME WAY IT COULD BE PUT IN A LETTER OR A BRACELET (TO GIVE PRIOR APPROVAL) THAT WOULD BE ALL RIGHT. OTHERWISE THE FAMILY COULD COME BACK AND SAY IF IT HADN'T BEEN FOR YOUR DRUG -- BLAH, BLAH, BLAH. SO YOU ARE RUNNING A RISK OF THE FAMILY BRINGING UP A LAWSUIT OR COMPLAINING.

YOU'VE GOT TO MAKE YOUR BEST JUDGMENT AND TRUST YOUR DOCTORS AND NURSES. IF I WAS IN A TRAUMATIC SITUATION, AND HAD LESS THAN A 50 PERCENT CHANCE OF LIVING, I WOULD GO FOR IT ON THE RECOMMENDATION OF THE DOCTORS AND NURSES INVOLVED. ALSO, THERE ARE LOTS OF DRUGS OUT IN THIS WORLD, LIKE IN EUROPE, THAT CAN GIVE US A WHOLE LOT OF BENEFIT BUT THEY ARE NOT ALLOWED HERE. WE WASTE LIVES OVER AND OVER AGAIN AND LIVES ARE SAVED IN OTHER COUNTRIES THAT ARE NOT SAVED HERE.

THE ONLY QUESTION I WOULD HAVE IS, DOES THE DRUG ACTUALLY WORK ON PEOPLE WHO HAVE SUCH EXTENSIVE INJURIES, LIKE EXTENSIVE BRAIN DAMAGE FROM LACK OF OXYGEN? I WOULDN'T WANT TO LIVE WITH THAT, BUT BASICALLY I WOULD WANT IT, SURE.

I THINK SOMEONE HAS GOT TO BE A GUINEA PIG, BUT I DON'T WANT TO SAY THAT I AM THE ONE GIVING PERMISSION IF I DON'T KNOW IF IT WILL WORK OR NOT.

I WORK IN RESEARCH AND I AM VERY FAMILIAR WITH PATIENT INFORMED CONSENT AND THE FDA. I DON'T PRETEND TO KNOW THE INS AND OUTS. I QUESTION THE LEGALITY. I AM VERY SKEPTICAL ABOUT THIS. IT SOUNDS DISTASTEFUL TO ME, WANTING TO ADMINISTER DRUGS WITHOUT INFORMED CONSENT. I DEAL WITH PATIENT INFORMED CONSENT EVERY DAY AS A MEDICAL RESEARCHER.

THE DRUG MAY CAUSE A SIDE EFFECT IN ONE PERSON AND A DIFFERENT SIDE EFFECT IN ANOTHER PERSON THAT THE DOCTORS MAY NOT KNOW HOW TO TREAT.

IT SHOULD BE THE PATIENT'S CHOICE.

I DON'T THINK THE DOCTOR SHOULD NOT BE HELD RESPONSIBLE. THEY ALREADY TOOK AN OATH. IF IT WERE ONE OF MY CHILDREN WHO WERE INJURED, I WOULD WANT THIS TO BE USED ON THEM IF IT WOULD HELP SAVE THEIR LIFE. AN INFECTION IS SOMETHING THAT CAN BE TREATED AND USUALLY ISN'T LIFE-THREATENING.

THE ONLY CONCERN I HAVE IS YOU HAVE A LOT OF PATIENTS COMING IN WHO ARE ALREADY SEVERELY INJURED AND CAN'T ANSWER FOR THEMSELVES AND THEY ARE ALREADY USING EXPERIMENTAL DRUGS ON THEM. SO WHY NOT GO AHEAD AND USE THIS NEW DRUG WITHOUT WORRYING ABOUT WRITTEN CONSENT.

IF IT COULD SAVE MY LIFE, I WOULD WANT THEM TO USE IT BECAUSE I WOULDN'T REALLY BE CONCERNED WITH THE INFECTION.

IF IT CAN SAVE LIVES, THEY SHOULD USE IT.

THERE ARE USUALLY ENOUGH PEOPLE IN THE EMERGENCY ROOM TO WITNESS THIS, SO THEY SHOULDN'T NEED ANYONE'S CONSENT IF THIS WILL SAVE THE PATIENT'S LIFE.

MY CONCERNS WOULD BE WITH THE PERCENTAGE OF RISK OF INFECTION. I DON'T HAVE ANY PROBLEM WITH THEM USING THIS TYPE OF DRUG, BUT ARE THEY USING IT IN ADDITION TO THE NORMAL LIFE-SAVING PROCEDURES OR IN REPLACEMENT OF THESE PROCEDURES?

I THINK IT IS A GREAT IDEA IF IT WILL HELP SAVE SOMEONE'S LIFE. I HAVEN'T EVER BEEN IN AN ACCIDENT AND NO ONE IN MY FAMILY HAS EITHER, BUT YOU NEVER KNOW.

THIS IS HARD TO ANSWER IF YOU DON'T HAVE SOMEBODY TO THINK ABOUT. THIS IS SOMETHING I WOULD HAVE TO THINK MORE ABOUT, BECAUSE I DON'T WANT TO DECIDE ABOUT SOMETHING FOR SOMEBODY THAT I DON'T KNOW.

I THINK THAT SOMEONE FROM THE FAMILY SHOULD BE THERE WITH THEM ALL THE TIME AND SIGN FOR THEM. WHAT IF SOMETHING HAPPENED AFTER THEY USED THIS NEW DRUG ON THE PERSON WITHOUT THE FAMILY MEMBER'S CONSENT AND THAT PERSON DIED?

IT IS HARD TO LOOK AT THE BIG PICTURE WITHOUT MORE INFORMATION. HOW IS THIS DRUG GOING TO BE MADE AVAILABLE FROM THE UNIVERSITY OF TENNESSEE TO THE VARIOUS HOSPITAL EMERGENCY ROOMS? WHAT ARE THE CHANCES OF IMPROVING THE SURVIVAL OF THE PERSON THAT THIS DRUG IS ADMINISTERED TO? WHAT DOES THIS DRUG DO EXACTLY? HOW MUCH DOES IT INCREASE THE RISK OF INFECTION? YOU ALSO HAVE TO LOOK AT THE RIGHTS OF THE INDIVIDUAL AND WHETHER THIS IS VIOLATING THOSE RIGHTS.

IT WOULD BE A GOOD THING IN THE CASE OF SAVING SOMEONE'S LIFE BUT IT COULD BE TAKEN OUT OF CONTEXT WHERE THEY COULD DO ANYTHING THAT THEY WANT WITHOUT WRITTEN CONSENT.

I THINK THE DOCTORS SHOULD HAVE THE ABILITY TO ADMINISTER A PROCEDURE WHEN NO ELSE IS AROUND TO GIVE CONSENT.

I'D RATHER NOT MAKE A DECISION ABOUT THIS WITHOUT TALKING TO MY DAUGHTER. SHE'S A REGISTERED NURSE AND HAS SOME EXPERIENCE IN THE OPERATING ROOM. SHE' PRACTICALLY A DOCTOR.

I'M VERY VERY CONSERVATIVE WHEN IT COMES TO GIVING DRUGS. I'M CONCERNED ABOUT SIDE EFFECTS. MY CHILDREN ARE NOT AROUND ME AND WOULD NOT HAVE WRITTEN CONSENT. YES, I WOULD WANT ANYTHING DONE TO SAVE THEM.

I JUST WOULDN'T TRUST THEM TO GIVE IT WITHOUT CONSENT.

IF ANYBODY CAN'T SAY FOR THEMSELVES, AND IF THERE'S NOBODY TO GIVE CONSENT, THEN THE DOCTORS HAVE TO DO THE BEST THEY CAN. THE PATIENT COULD DIE WHILE WAITING TO GET PERMISSION TO GIVE THE DRUG.

I DON'T UNDERSTAND HOW THEY GET THE INFECTION. MY ONLY RELUCTANCE IS THAT IT SOUNDS LIKE SOMEBODY CONTAMINATED THE DRUG, SINCE IT CAUSED AN INFECTION. I DON'T SEE HOW THEY COULD GET AN INFECTION WITHOUT THE DRUG BEING CONTAMINATED. IT'S A HANDLING ERROR. SOMEONE HAS CONTAMINATED IT ACCIDENTALLY.

IF THERE'S A GOOD CHANCE TO SAVE A LIFE, THEN I THINK THE DOCTORS SHOULD GIVE IT TO THE PATIENT. BUT IF THERE'S NO CHANCE OF THEM LIVING, I CAN'T SEE GIVING THE DRUG. IT'S A WASTE OF TIME AND MONEY ONE WAY OR THE OTHER.

IF THAT'S THE ONLY RISK FACTOR, INFECTION, THEN I DON'T HAVE A PROBLEM WITH IT. BUT IF THE INFECTION IS SO SEVERE THAT AN ANTIBIOTIC CAN'T HELP, THEN I DON'T THINK THE DRUG SHOULD BE GIVEN WITHOUT CONSENT. I DON'T KNOW WHAT KIND OF INFECTION IT IS. A BLOOD INFECTION IS SEVERE. BASED ON THE INFORMATION YOU GAVE ME, I DON'T HAVE A PROBLEM WITH IT.

AS LONG AS THE DRUG CAN HELP, I THINK THEY SHOULD HAVE IT.

COULD THE SIDE EFFECTS BE SO GREAT THAT IT CAUSES A WHOLE OTHER SET OF PROBLEMS. THE PERSON HAS HAD ALL OF THEIR CHOICES TAKEN AWAY FROM THEM. IT'S JUST A SUBJECT THAT HAS TO BE APPROACHED CAUTIOUSLY. ONE DAY A DRUG IS APPROVED AND THEN THE NEXT THE APPROVAL IS TAKEN AWAY.

THE PATIENT MIGHT BE A HEART PATIENT. THEY COULD HAVE ALLERGIES. THEY SHOULD TRY CHECKING A POCKETBOOK TO SEE WHAT THE PERSON MAY BE ALLERGIC TO.

IF THERE IS A CHANCE FOR ME TO SURVIVE, THEN I WOULD WANT THE DRUG. BUT I DO NOT WANT TO BE A BURDEN TO MY CHILDREN, OR TO THE HOSPITAL.

NOT KNOWING WHAT THE DRUG IS, JUST WHAT YOU TELL ME, THAT SHOULD BE THE DECISION OF THE DOCTOR.

IF THERE IS NO OTHER CHOICE AND NO ONE CAN BE REACHED AND IF IT CAN GIVE ME A CHANCE TO LIVE, I'LL TAKE IT.

I'D LIKE TO THINK THAT IF I WAS UNCONSCIOUS OR IF MY FAMILY COULD NOT BE REACHED AND THE DOCTORS KNOW THAT THERE IS SOMETHING TO GIVE ME A CHANCE TO LIVE THEN I WOULD TAKE IT REGARDLESS OF THE SIDE EFFECTS.

IF THE CHANCE OF ME DYING WAS HIGHER THAN LIKE 75 PERCENT, THEN I WOULD PROBABLY CONSIDER IT...BUT NOT FOR 25-50 PERCENT.

I DON'T THINK THAT ANYONE SHOULD BE GIVEN ANY KIND OF DRUG WITHOUT CONSENT, PERIOD.

ANYTHING SHOULD BE GOOD IF IT INCREASES YOUR CHANCE OF LIVING BUT, I KNOW IN MOST EVERY CASE, STUDIES AND TESTS ARE DONE TO SEE IF THEY ARE EFFECTIVE SO I JUST THINK IT IS OKAY.

WHAT MIGHT WORK FOR ONE PERSON MAY NOT WORK FOR ANOTHER. I DON'T THINK IT IS OKAY WITHOUT CONSENT FROM EITHER THE PATIENT OR THE FAMILY.

IT'S A TRICKY SITUATION. YOU DON'T KNOW WHAT IS GOING TO BE THE OUTCOME BECAUSE IT IS A STUDY DRUG.

I CAN'T REALLY GIVE ANY COMMENTS BECAUSE I WOULD HAVE TO FURTHER RESEARCH THIS MATTER. IT'S REALLY HARD TO ANSWER ANY OF THOSE QUESTIONS.

I AM NOT SURE IF 25% IS HIGH ENOUGH OF A RISK. PERHAPS WITH EXPERIMENTAL DRUGS THE CHANCE OF DYING AND USING DRUGS FOR THIS SHOULD BE 50% OR HIGHER.

GOOD IDEA. MAY SAVE A LIFE.

THIS IS JUST HOW I FEEL ABOUT THIS. IF I WAS IN A WRECK AND NO ONE COULD GET IN TOUCH WITH MY FAMILY, IT MAKES COMMON SENSE TO GO AHEAD WITH THE DRUG. YOU WOULD WANT TO GET HELP IMMEDIATELY. IT SOUNDS LIKE A GOOD THING.

THE DOCTOR SHOULD NOT DO ANYTHING WITHOUT CONSENT UNLESS IT IS TO SAVE A LIFE.

I WANT TO BE MORE AWARE OF OTHER SIDE EFFECTS.

I WOULD WANT TO MAKE SURE THEY HAD TRIED EVERYTHING ELSE BEFORE USING THE NEW DRUG AND THAT THEY DIDN'T OVERLOOK THE OBVIOUS JUST TO USE IT.

I JUST THINK THAT IF THE DOCTOR IS TRYING TO HELP THE PATIENT, THEN IT'S OK TO GIVE THE DRUG WITHOUT WRITTEN CONSENT.

IF YOU THOUGHT IT COULD HELP AND YOU CAN'T REACH THE FAMILY, I THINK THE DOCTORS SHOULD GO AHEAD AND GIVE THE DRUG.

IT WOULD BE WORTH DOING THE RESEARCH ON THE DRUG TO IMPROVE IT.

I JUST CAN'T TAKE A STAND. I CAN SEE BOTH SIDES. I THINK THAT DOCTORS SHOULD DO WHAT THEY CAN TO SAVE A LIFE. I HOPE THAT I CAN TRUST THE DOCTOR TO DO THE RIGHT THING IF I CAN'T PROVIDE CONSENT OR WRITTEN CONSENT CAN'T BE MADE BY FAMILY.

WE DO WHAT WE THINK IS BEST TO HELP THE PERSON. I THINK THEY SHOULD GIVE THE DRUG IF THEY THINK IT WILL HELP THE PERSON.

IN MY CASE, I WOULDN'T WANT TO DO IT BECAUSE OF MY AGE. BUT IF I WERE YOUNGER, IT WOULD BE OK. I HAVE A CHILD AND I WOULD WANT THE DRUG USED TO TRY TO SAVE HIS LIFE. AGE I THINK HAS A LOT TO DO WITH IT. IF YOU SAY ONE OF THE SIDE EFFECTS COULD BE INFECTION, I WOULD NOT WANT TO RUN THE RISK OF IT.

IF THIS IS LIFE AND DEATH AND NO ONE IS AROUND AND YOU HAVE SOMETHING THAT CAN HELP ME, IT IS COMMON SENSE TO GO FOR IT. IF IT IS A LIFE AND DEATH SITUATION. TIME IS CRITICAL AND MOST OF THE DRUGS THAT COME ON THE MARKET HAVEN'T BEEN THAT BAD. YOU MAY HAVE SIDE EFFECTS, BUT THERE ARE ANTIBIOTICS. OUT OF RESPECT FOR THE FAMILY, IF YOU CAN, THEY SHOULD BE CONTACTED.

I THINK IF SOMEONE IS SEVERELY INJURED, I UNDERSTAND THEY CANNOT MAKE DECISIONS AND I THINK THEY SHOULD GO AHEAD AND GIVE THE DRUG IF IT COULD SAVE THEIR LIFE.

THE INFORMATION GIVEN IN THE PRECEDING QUESTIONS DOES NOT PROVIDE ENOUGH INFORMATION FOR A PERSON TO MAKE AN INTELLIGENT DECISION. REGARDING THE IMMEDIATELY PRECEDING QUESTION, I THINK IT IS THE HOSPITAL THAT BENEFITS MORE THAN THE PATIENT OR THE COMMUNITY. WHILE IT MIGHT ULTIMATELY HELP THE PATIENT, I THINK THE ULTIMATE BENEFIT IS FOR THE HOSPITAL. I ALSO ASKED THE QUESTION WHETHER THE INFECTION WOULD KILL YOU OR WHAT ARE THE PERCENTAGE CHANCES OF YOU DYING FROM THE INFECTION? YOU COULDN'T GIVE ME AN ANSWER.

MY ONLY COMMENT INVOLVES THE LENGTH OF TIME BETWEEN THE DECISION TO ADMINISTER THE DRUG AND HOW LONG IT TAKES TO SEE IF THE FAMILY CAN BE REACHED. I WOULD WANT TO HAVE SOME SPECIFIC PERIOD OF TIME THAT THEY WOULD TRY TO MAKE THAT CONTACT BEFORE GOING AHEAD WITH THE DRUG. THERE OUGHT TO BE SOME EVIDENCE FROM THE MEDICAL COMMUNITY THAT THEY DID TRY TO REACH SOMEONE. IT MIGHT NOT HAVE TO BE A LONG TIME, MAYBE JUST 15 OR 30 MINUTES TO TRY TO CONTACT. FROM A MEDICAL STANDPOINT, IT MIGHT ELIMINATE A LOT OF HASSLE FOR THEM AFTERWARD, TOO.

YOU CAN'T ALWAYS GET THE PATIENTS CONSENT. YOU MIGHT NOT GET HOLD OF THE FAMILY. IN THAT CASE, IF IT HELPS THAT PATIENT SURVIVE, IT GIVES THEM A FIGHTING CHANCE TO SURVIVE.

I WOULD BE FOR GIVING THE DRUG WITHOUT WRITTEN CONSENT IF THE PATIENT CAN'T GIVE CONSENT AND THE FAMILY CAN'T CONSENT. ONLY IF IT WAS IN THE BEST INTEREST OF THE PATIENT.

I THINK THERE MIGHT BE A LOT OF QUALMS ABOUT GIVING THE DRUG WITHOUT WRITTEN CONSENT. I THINK THAT THE MEDICAL PROFESSION SHOULD DO ANYTHING THEY THINK THEY CAN DO TO HELP THE PERSON WHO IS INJURED. THIS WOULD BENEFIT THE MEDICAL PROFESSION, THE COMMUNITY, THE PERSON INJURED AND THE FAMILY. IT IS SOMETHING THAT WILL BENEFIT EVERYONE, IF IT HELPS, ESPECIALLY IF THERE IS NO HOPE FOR THE PERSON WHO IS SICK.

AS LONG AS THE ONLY SIDE EFFECT IS INFECTION, WHICH THEY CAN TREAT WITH AN ANTIBIOTIC. BUT IF THEY THROW IN OTHER SIDE EFFECTS, DEPENDING UPON WHAT THEY ARE, THAT WOULD PLAY A LARGE PART IN MY DECISION. IF ANOTHER SIDE EFFECT IS A HEADACHE, IT WOULD NOT CHANGE MY DECISION. IF IT'S EXCESSIVE BLEEDING, SUCH AS AN ANEURYSM, THEN THAT MIGHT CHANGE MY DECISION.

I REALLY WOULDN'T KNOW. I WOULD WANT THE PATIENT TO KNOW WHAT IS BEING DONE TO THEM. IF THEY CAN'T GIVE CONSENT, THEN THE DOCTOR WOULD HAVE TO DECIDE. I THINK IT WOULD BE UP TO THE DOCTOR. IF THE FAMILY ISN'T THERE TO ASK FOR CONSENT, THEN THE DOCTOR WOULD HAVE TO DECIDE WHETHER TO SAVE THE PATIENT OR NOT.

IF THERE'S A CHANCE OF SURVIVAL, THEN WHY NOT?

I WOULD LIKE TO KNOW WHAT THE NAME OF THE DRUG IS. I WANT WRITTEN CONSENT BECAUSE PEOPLE HAVE DIFFERENT GENES AND REACT DIFFERENTLY TO DRUGS AND TO ANTIBIOTICS. THE DRUG MAY BE MORE HARMFUL THAN BENEFICIAL. I WOULD PREFER REQUIRING WRITTEN CONSENT.

IF THEY CAN GET CONSENT, THEN THEY SHOULD GET IT, BUT IF THEY CAN'T, THEY SHOULD GO AHEAD AND ADMINISTER IT IF IT WILL SAVE A LIFE.

THE ONLY THING I WOULD SAY, IF IT PERTAINS TO LIFE OR DEATH, EVERYONE WANTS TO LIVE REGARDLESS IF IT CAUSES INFECTION. MAYBE WITH FURTHER RESEARCH, THEY CAN STOP THE INFECTION.

I THINK THE PATIENT WOULD BE GRATEFUL THAT THE DRUG WAS GIVEN TO THEM EVEN WITHOUT WRITTEN CONSENT, IF THEY COULD SPEAK.

YOU MIGHT NOT KNOW WHAT MEDICATION THE PERSON MIGHT ALREADY IS ON, SO YOU WON'T KNOW HOW THE NEW DRUG WILL REACT WITH THE OLD ONE. I AM ON MEDICATION MYSELF, SO I KNOW. BUT WITHOUT BEING ABLE TO GET HOLD OF FAMILY I GUESS YOU WOULDN'T KNOW THAT AND I THINK SAVING THE LIFE WOULD HAVE PRIORITY AND THEN WORK WITH THE SIDE EFFECTS LATER.

IF IT WAS ME AND I WAS IN A CAR WRECK AND NO ONE COULD GET IN TOUCH WITH MY FAMILY, I WOULD WANT THEM TO GO AHEAD. EITHER WAY, IT'S A RISK (NOT TAKING DRUG OR RISK OF INFECTION). YOUR FAMILY COULD BE GONE OUT OF STATE AND YOU COULD BE SITTING LIKE A DEAD ROASTED DUCK. SO I'D RATHER HAVE IT DONE. I HAD A COUSIN WHO WAS IN A CAR WRECK AND THEY COULDN'T GET IN TOUCH WITH THE FAMILY. THE HOSPITAL WENT AHEAD AND DID IT ANYWAY. THE FAMILY WAS REALLY HAPPY AFTERWARDS, BECAUSE HE MIGHT HAVE DIED. HE WAS UNCONSCIOUS AT TIME OF CONSENT.

I THINK IF THEY ARE BRAIN-DEAD, FORGET IT. OR IF THEY ARE NEVER GOING TO BE A FUNCTIONAL HUMAN BEING AGAIN. I BURIED A WIFE AND WHEN YOU ARE BRAIN-DEAD, YOU'RE THROUGH. THE OLD BOY HAS CALLED YOU IN.

THERE ARE A WHOLE LOT OF DRUGS AND IF YOU HAVE NEVER USED THEM, AND YOU HAVE HIGH SUGAR OR SOMETHING, YOU HAVE TO BE CAREFUL WHAT YOU TAKE.

I AM 81 SO I WOULDN'T WANT IT GIVEN TO ME IF I HAD A SERIOUS ACCIDENT. BUT IT IS OK FOR OTHER PEOPLE. I HAVE LIVED A FULL LIFE AND WOULD HATE TO BE A BURDEN ON SOMEBODY.

I THINK WHEN THERE IS SOMETHING LIKE THIS WHERE THERE IS A POTENTIAL FOR GOOD, IT IS HARD TO SAY. SO I CAN SAY FOR ME, THAT I WOULD TRY IT, BUT I CAN'T JUST BE WILLING TO SPEAK FOR SOMEONE ELSE.

IF YOU ARE GOING TO DIE ANYWAY AND IF YOU GOT AN INFECTION, YOU WOULD STILL HAVE MORE OF A CHANCE OF SURVIVING. YOUR CHANCES OF SURVIVAL ARE BETTER EVEN IF YOU GET THE INFECTION.

I THINK MY DOCTOR WOULD KNOW WHAT IS BEST FOR ME IF NO FAMILY WAS THERE. SO IF THEY CAN'T REACH ANYONE THEY OUGHT TO TRY TO REACH MY REGULAR DOCTOR.

I THINK SOMEONE IN THE PATIENT'S FAMILY SHOULD GIVE CONSENT. PEOPLE SHOULD HAVE A CARD ON THEM SAYING WHO TO CONTACT. I HAVE ONE MYSELF. I DON'T THINK THEY SHOULD USE THE DRUG WITHOUT CONSENT BECAUSE IT MIGHT BE HARMFUL TO THEM. EVERYBODY CAN'T TAKE THE SAME THINGS. IT MIGHT BE ALL RIGHT FOR THAT PERSON AND IT MIGHT NOT BE FOR THE NEXT.

FOR MYSELF, I WANT TO LIVE AS LONG AS I CAN. IF YOU CAN'T FIND ANY OF THE FAMILY, AND IT'S GOING TO HELP THE PATIENT, I WOULD GO ALONG WITH IT.

THERE MIGHT BE AN OVER ANXIOUS DOCTOR WHO WANTS TO TRY A NEW DRUG. I WORK IN A HOSPITAL AND SOME DOCTORS WANT TO DO THINGS FOR THEIR OWN BENEFIT AND NOT FOR THE PATIENT'S BENEFIT.

IF THEY WOULD BE ABLE TO RETURN TO REGULAR ACTIVITIES AND NOT BE KEPT ON LIFE-SUPPORT, IT WOULD BE O.K. TO USE. BEING A VEGETABLE IS NOT BEING ALIVE. SO IF YOU CAN GET IT WITHOUT BEING ON LIFE SUPPORT, THAT WOULD BE THE THING.

IN MY CASE, I FEEL THE CHANCES OF DEATH SHOULD BE HIGHER THAN 25 TO 50 PERCENT. BUT IN OTHER CASES, IT MIGHT BE OK. IT'S TOUGH AND REALLY DEPENDS UPON THE SITUATION. I AM KIND OF OPEN-MINDED ON THINGS AND I TRY TO WEIGH THE OPTIONS.

I PREFER THAT THEY TRY TO REACH THE FAMILY.

I WOULD FEEL THAT IF IT HAD BEEN APPROVED BY SOME INDIVIDUAL DOCTOR RATHER THAN THE FOOD AND DRUG ADMINISTRATION, I WOULD SAY MAYBE IT WOULD BE WORTH TAKING A CHANCE. I THINK I WOULD TAKE A CHANCE IN THAT SITUATION.

WITH NOT BEING APPROVED AND NO CONSENT BY THE PERSON AND THE FAMILY, I DON'T KNOW ABOUT THAT. THERE HAVE BEEN EXPERIMENTAL DRUGS THAT WERE THOUGHT TO BE OK AND NOW PEOPLE ARE HAVING HEART PROBLEMS.

IF IT KEEPS YOU ALIVE AND LIVING, DO IT!

ONLY IF ITS ABSOLUTELY NECESSARY AND THAT'S THE ONLY CHANCE FOR SURVIVAL.

I THINK IT SHOULD BE DONE IF NOBODY'S THERE TO CONSENT.

IF THERE'S A CHANCE THE TREATMENT MAY SAVE THE PERSON'S LIFE, IT'S O.K. ONE THING IS THAT IT IS WIDE OPEN FOR LAW SUITS.

IF IT IS NOT ME IT'S EASY TO SAY GO ON WITH THE STUDY. IF IT WAS SOMEONE RELATED TO ME, MY DECISION MIGHT BE DIFFERENT.

WHEN ARE THEY EXACTLY PLANNING TO DO THIS? HAS IT BEEN USED IN OTHER AREAS AS WELL?

THE DOCTOR OUGHT TO MAKE THE DECISION. THE FAMILY MIGHT SAY WHY DIDN'T YOU DO EVERYTHING POSSIBLE. SOME NOTIFICATION WOULD WORK SUCH AS ON THE DRIVER'S LICENSE.

THE PATIENT SHOULD BE THE ONLY ONE TO GIVE CONSENT. NOT EVEN THE FAMILY SHOULD BE ABLE TO DECIDE WHETHER THE DRUG SHOULD BE GIVEN OR NOT.

I WOULD PREFER TO HAVE THAT OPTION EVEN IF I HAVE JUST A SLIGHT CHANCE OF SURVIVAL.

I THINK THAT IT IS WRONG.

YOU MAY BE LOOKING AT LAWSUITS FOR THE HOSPITALS OR THE PERSON THAT GAVE IT TO THEM. IT MAY LEAD TO OTHER REVENGE TYPE ACTIONS.

IF THERE IS A CHANCE OF THEM LIVING THEN THEY SHOULD GIVE THAT PERSON A CHANCE NO MATTER IF THEY CONSENT OR NOT.

TRY TO GET CONSENT FIRST, BUT IF THEY CANNOT THEN USE IT.

I HAVE A PROBLEM WITH IT BEING A NEW DRUG. IT IS A TRIAL AND I AM HOPING THAT IT WILL WORK. I MAY GO ALONG WITH IT BUT I DON'T KNOW.

THE DOCTORS ARE MORE CONCERNED WITH THEIR REPUTATION AND THEIR STUDIES. THEY WANT GUINEA PIGS TO PERFORM ON. OUR BODIES HAVE BUILT UP TOO MANY IMMUNITIES THAT IT WOULD NOT BE EFFECTIVE. THEY SHOULD CALL THE FAMILY FIRST.

THE PEOPLE SHOULD NOT HAVE YOU DO THIS STUDY WHEN YOU DO NOT KNOW ENOUGH ABOUT IT YOURSELF. THE PEOPLE DOING THE RESEARCH PROBABLY DO NOT KNOW EVERYTHING THEMSELVES. YOU CANNOT MAKE THESE TYPES OF DECISIONS WITHOUT MORE INFORMATION.

WITHOUT PATIENT CONSENT NOBODY SHOULD BE GIVEN THIS DRUG BECAUSE YOU'RE JUST USING THEM AS A GUINEA PIG AND I DON'T FEEL THAT IT'S RIGHT.

IT MAY SAVE A LIFE AND IF YOU'RE NOT AROUND, HOW COULD YOU TAKE IT?

GOT TO TRY IT SOMETIME OR HOW ELSE ARE YOU GONNA KNOW IF IT WORKS.

THE STATE SHOULD NOT HAVE POWER OVER ANYBODY WITHOUT PRIOR CONSENT LIKE TAKING A LOAN OUT IN YOUR NAME AND THEN YOU GET IN TROUBLE FOR IT. THESE PEOPLE ARE GOING TO DO THE RESEARCH AND THEN MAKE MONEY OFF OF IT. I DON'T HAVE A PROBLEM WITH IT IF IT WAS GIVEN AWAY TO THOSE IT WOULD HELP.

SOMEBODY IN THE FAMILY SHOULD BE ASKED. I JUST DON'T FEEL THAT THEY SHOULD GO AHEAD WITHOUT FIRST GETTING FAMILY APPROVAL. I DON'T FEEL THAT ANYBODY ELSE SHOULD MAKE THAT DECISION FOR THEM.

IF IT WOULD SAVE YOUR LIFE I WOULD GO FOR THAT.

I FEEL THAT YOU HAVE TO REALLY TRY SOMETHING TO FIND OUT ABOUT IT. IF IT WAS ONE OF MY FAMILY MEMBERS I WOULD WANT THEM TO DO ALL THEY COULD FOR THEM. YOU HAVE TO HAVE CONFIDENCE IN SOMETHING IN ORDER TO USE IT.

IT HAS NOTHING TO DO WITH ANYTHING BUT MAKING MONEY AND THAT'S IT.

I JUST DON'T BELIEVE IT'S ADVANCED ENOUGH AS FAR AS RESEARCH IS CONCERNED. I THINK IT SHOULD BE FURTHER STUDIED BEFORE THEY DO THAT.

THE DOCTORS WOULD KNOW BEST.

IT MAY SAVE YOUR LIFE AND I BELIEVE THEY SHOULD DO ALL THEY CAN TO SAVE A LIFE.

IF YOU DON'T HAVE A FAMILY MEMBER THERE TO SIGN FOR YOU AND IF YOU WERE UNCONSCIOUS WELL I DON'T KNOW. THAT'S A HARD ONE. THEY WOULDN'T HAVE A CHOICE IF THEY WERE GONG TO SAVE YOUR LIFE, BUT I DON'T KNOW IF I WOULD WANT THEM TO GIVE IT TO ME WITHOUT CONSENT. I WOULD WANT THEM TO GET CONSENT.

I DON'T KNOW ENOUGH ABOUT THE DRUG TO REALLY SAY TOO MUCH.

IT COULD BE HELPFUL AND SOUNDS LIKE IF YOU DIDN'T HAVE IT YOU COULD DIE.

TO SAVE THE PERSON'S LIFE IF THEY WERE UNCONSCIOUS THEN I WOULD GIVE THEM THE DRUG. IT COULD SAVE THEIR LIFE. I THINK THAT'S ONLY GOOD COMMON SENSE. I THINK IF THERE IS ANY POSSIBLE WAY TO GET HOLD OF THE FAMILY YOU SHOULD BUT IF THEIR UNCONSCIOUS THEN I GUESS IT SHOULD BE UP TO THE DOCTOR TO DECIDE. IF HE THINKS HE COULD SAVE THE LIFE, HE SHOULD.

IF THE DOCTOR KNOWS HE IS SAVING AN ORGAN HE SHOULD GO FOR IT.

RISK OF ANY TRAUMA INFECTION WOULD BE PROLIFIC FOR BACTERIAL INFECTIONS. IS IT TO SPEED UP THE BLOOD CELLS?

IF PATIENT CANNOT GIVE CONSENT SOMEONE HAS TO BE RESPONSIBLE.

THERE SHOULD BE OPTIONAL DRIVER'S LICENSE DONOR APPROVAL.

HOW MUCH DANGER IS THERE IN THE DRUG?

NEED TO HAVE FAMILY'S CONSENT IF CAN'T GET PATIENT'S CONSENT. UNLESS MY FAMILY KNEW WHAT COULD HAPPEN.

CONSENT COULD BE RIGHT ON DRIVER'S LICENSE.

IF IT'S GOING TO INCLUDE CHANCE OF SURVIVAL, SHOULD BE OK WITHOUT CONSENT.

I REALLY DON'T HAVE ANY OPINION ABOUT THIS BECAUSE I DON'T KNOW THAT MUCH ABOUT THE DRUG. I DON'T SEE HOW ANYBODY COULD BE IN FAVOR OF IT WITHOUT KNOWING MORE.

IT DEPENDS ON THE DRUG, WHAT TYPE OF DRUG AND SO FORTH. THE PERSON WOULD HAVE TO KIND OF PLAY IT BY EAR AND SEE IF IT WOULD BE WORTH DOING SOMETHING WITHOUT KNOWING.

I JUST HOPE A LOT OF PEOPLE CHOOSE IT BECAUSE IT COULD SAVE A LIFE. IF IT WAS ME, SURE I WOULD WANT IT IF IT WOULD HELP.

I THINK THE PATIENT OUGHT TO KNOW IN ADVANCE. I REALIZE THIS IS AN EMERGENCY SITUATION, BUT I THINK THEY OUGHT TO KNOW WHAT THEY ARE GOING UP AGAINST AND NOT JUST ARBITRARILY GIVE IT TO THEM WITHOUT THEM KNOWING.

AS FAR AS I AM CONCERNED, IF I GET UNCONSCIOUS AND AM BROUGHT TO THE HOSPITAL HALF-DEAD I WOULD WANT THEM TO DO ANYTHING TO SAVE ME AND NOT WAIT UNTIL I WAKE UP. I MIGHT NEVER WAKE UP. SOMETIMES YOU HAVE TO TRUST MEDICAL PEOPLE AND IF THEY HAVE SOMETHING THAT WOULD HELP YOU, THEY SHOULD GIVE IT TO YOU.

PATIENT AND THE FAMILY SHOULD HAVE THEIR RIGHTS.

IF SOMETHING WENT WRONG THERE WOULD BE QUESTIONS.

I WOULD WANT TO TALK TO THE DOCTOR.

I WOULD HAVE TO SEE THE DRUG MYSELF.

I DON'T HAVE ANY OBJECTION FOR THE DOCTOR DOING WHATEVER IS NECESSARY.

SHOULD CHECK IT REAL GOOD TO MAKE SURE THEY KNOW WHAT THEY ARE DOING.

IF IN AN EMERGENCY SITUATION AND MY RELATIVES COULDN'T GIVE CONSENT ANYTHING TO KEEP ME ALIVE SHOULD BE DONE. I'M WILLING TO TAKE THAT CHANCE.

I WOULD WANT WHATEVER HELP WAS AVAILABLE.

I WOULD CERTAINLY TRY TO GET CONSENT IF POSSIBLE.

I'M A VETERINARIAN AND I KNOW HOW THINGS WORK WHERE YOU HAVE TO MAKE DECISIONS THAT WORK BEST FOR THE PATIENT.

I WOULD LEAVE IT ALL UP TO THE FAMILY.

I HAD A SON MURDERED. IF THE ORGANS CAN BE GIVEN TO SOMEONE THAT WOULD BE GOOD.

TRY TO MAKE ALL CONTACTS POSSIBLE, THEN GO AHEAD WITH THE DRUG. WHEN THE PERSON IS CONSCIOUS, TRY TO MAKE HIM AWARE OF WHAT HE'S GETTING.

IF WE CARE ABOUT PEOPLE, WE HAVE TO DO THIS. THE DOWNSIDE IS THAT WE MIGHT BE SUED, BUT IF WE CARE ABOUT PEOPLE, WE SHOULD DO IT.

AS LONG AS THE DRUG MEETS THE REQUIREMENTS OF THE GOVERNMENT. AS LONG AS IT'S PASSED, IT'S OKAY FOR WRITTEN CONSENT.

I DON'T THINK PATIENTS WHO DON'T HAVE WRITTEN CONSENT SHOULD BE MADE INTO GUINEA PIGS.

I JUST DON'T WANT IT. WHATEVER HAPPENS TO ME IS IN GOD'S HANDS.

I THINK THEY SHOULD TRY TO CONTACT THE FAMILY MORE THAN ONE TIME BEFORE ADMINISTERING THE DRUG.

I WOULD WANT TO MAKE SURE THE CHANCES OF SURVIVAL WITHOUT THIS DRUG ARE REALLY 25 TO 50%.

EVERYONE SHOULD BE ABLE TO CONTROL THEIR OWN BODY. IF THE PATIENT IS NOT ABLE TO TAKE CARE OF HIMSELF, A PERSON SHOULD HELP TO MAKE HIM FEEL COMFORTABLE. I DO NOT THINK THEY SHOULD ADMINISTER ANY EXPERIMENTAL DRUG TO A PERSON WHO IS NOT CONSCIOUS TO MAKE A DECISION WHETHER TO USE THE DRUG OR NOT.

I THINK IT SHOULD BE UP TO THE PERSON OR THE FAMILY OF THE PERSON WHO IS SEVERELY INJURED IF THEY WANT TO USE THE EXPERIMENTAL DRUG.

IN SOME CASES THERE ARE RELIGIOUS BELIEFS THAT PEOPLE MAY HAVE THAT COULD INCLUDE NOT USING ANY DRUGS. IF THERE WAS AN ACCIDENT, AND THIS DRUG COULD IMPROVE THE CHANCES FOR SURVIVAL, I THINK IT IS GENERALLY A GOOD IDEA TO USE IT.

AS LONG AS THE DRUG HAS BEEN RESEARCHED, I FEEL THAT THE MEDICAL FACILITY WHERE THE PATIENT WOULD BE TREATED WOULD BE ABLE TO MAKE A GOOD JUDGMENT IF IT WAS IN THE INTEREST OF THE PATIENT TO USE THE DRUG.

IF IT WOULD INCREASE THE CHANCE OF SURVIVAL, IT WOULD BE WORTH HAVING THIS DRUG AVAILABLE TO BE GIVEN WITHOUT WRITTEN CONSENT.

I DO NOT THINK THAT THEY SHOULD WAIT UNTIL A PATIENT IS UNCONSCIOUS TO ADMINISTER THE DRUG. IF THEY WAIT IT MAY BE TOO LATE AND THE PATIENT MAY DIE.

I THINK THE DOCTORS SHOULD CHECK THE PATIENT BEFORE ADMINISTERING THE DRUG TO MAKE SURE THE RISK FOR INFECTION IN THE PATIENT IS NOT AS SERIOUS AS THE RISK OF DEATH IF THE DRUG IS NOT GIVEN.

JUST THAT IT WOULD HAVE TO BE SOMETHING EXTREMELY SERIOUS TO DO THIS.

I WOULD ASK QUESTIONS ABOUT OTHER SIDE EFFECTS AND HOW THOROUGHLY IT HAS BEEN TESTED. MY SON-IN-LAW GRADUATED FROM U.T. AND IS IN THE SURGICAL FIELD. I THINK IT IS A GREAT PLACE FOR A STUDY.

I WOULD PUSH THEM TO TELL ME ABOUT THE INFECTION POTENTIAL: HOW LONG OR SERIOUS THE INFECTION WOULD BE.

I WOULDN'T WANT ANYONE TO GIVE ME ANYTHING IF I DIDN'T KNOW ANYTHING ABOUT IT.

GIVING IT TO SOMEONE WOULD BE GOOD.

IF IT WAS MY CHILD OR ME I WOULD DEFINITELY WANT THAT DRUG TO HELP ME SURVIVE.

EXPERIMENTAL DRUGS SHOULD GO THROUGH THE PROPER CHANNELS. WE HAVE GUIDE LINES FOR EXPERIMENTAL DRUGS THAT SHOULD BE FOLLOWED.

THE DRUG SHOULD NOT BE GIVEN IF IT HAS NOT BEEN APPROVED.

I HAVE BEEN IN AN ACCIDENT MYSELF AND SOMETIMES YOU ARE IN SHOCK AND CANNOT DECIDE WHAT IS BEST FOR YOU OR NOT. IF IT WOULD HELP THE PATIENT THEN I THINK THAT IT WOULD BE OKAY.

IT WOULD DEPEND ON THE LEVEL OF RISK OF INFECTION.

I THINK THAT THE RISK OF INFECTION IS WORTH IT IF THE PERSON HAS EVEN A SLIGHT CHANCE OF SURVIVAL. I THINK THAT GIVING IT TO SOMEONE LIKE THAT WHO DOESN'T HAVE A VOICE WOULD GIVE THEM A CHANCE TO LIVE. IT MAY BE SAVING SOMEONE'S LIFE WHO COULD BE A POTENTIAL HELP TO SOCIETY. SOMEONE WHO COULD LIVE A FULL AND PRODUCTIVE LIFE MIGHT BE SAVED.

I THINK THAT PERHAPS THE PUBLIC SHOULD BE AWARE OF THESE THINGS, OF RESEARCH LIKE THIS THAT IS GOING ON. THAT'S ALL I CAN REALLY SAY ABOUT IT.

YOU'RE VIOLATING SOMEONE'S RIGHTS BY GIVING THEM A DRUG OF THAT TYPE WITHOUT CONSENT FROM THEM OR THEIR FAMILY, AND I DON'T THINK IT'S RIGHT TO DO SOMETHING LIKE THAT. I THINK YOU LOSE SOME OF YOUR FREEDOM IF PEOPLE ARE ALLOWED TO DO SOMETHING LIKE THAT WITHOUT YOUR PERSONAL OR CLOSELY RELATED PERMISSION.

I THINK IF THE DRUG HAS ALREADY BEEN APPROVED AND HAS BEEN SHOWN TO HELP PEOPLE IT SHOULD BE USED ON ANYONE WHO NEEDS IT. THE ONLY TIME I WOULDN'T AGREE WITH IT WOULD BE IF THE DRUG HADN'T BEEN SHOWN TO HELP ANYONE. I WOULDN'T WANT THEM TO USE SOMETHING LIKE THAT ON ME IF IT HAD BEEN USED ON OTHER PEOPLE AND HADN'T HELPED THEM ANY.

MY ONLY CONCERN WITH THIS THING WOULD BE THAT THEY WOULD GIVE IT TO SOMEONE WHOSE CHANCES OF SURVIVAL ARE BETTER THAN THAT. I'M THINKING THAT THEY MIGHT USE IT FOR EXPERIMENTAL REASONS ON PEOPLE WHOSE CHANCES MIGHT BE BETTER WITHOUT THE USE OF THE DRUG. I THINK IF THEY'RE GOING TO USE A DRUG LIKE THAT, IT SHOULD CERTAINLY ONLY BE ON PEOPLE WHOSE CHANCES OF DYING WITHOUT IT ARE EXTREMELY HIGH, AND NOT JUST ON SOMEONE WHO MAY OR MAY NOT DIE JUST FOR THE SAKE OF EXPERIMENTATION.

THE ONLY THING I WOULD SAY IS THAT I CAN AGREE WITH SOMEONE GETTING THAT MEDICINE BUT ONLY IF THEIR DOCTOR KNOWS THAT THERE'S A STRONG POSSIBILITY THAT IT WOULD HELP THE PERSON.

I THINK EVERY EFFORT SHOULD BE TAKEN TO GET FAMILY CONSENT. I UNDERSTAND THE EMERGENCY PART BUT MOST PEOPLE CARRY ID AND I THINK THAT NO EXPENSE SHOULD BE SPARED IN FIRST TRYING EVERY WAY POSSIBLE TO GET PERMISSION FROM THAT PERSON OR ONE OF THEIR RELATIVES.

IF IT'S A LIFE AND DEATH SITUATION, YOU DO WHAT YOU HAVE TO DO TO SURVIVE OR HELP SOMEONE ELSE SURVIVE. YOU DON'T NEED TO BE MESSING WITH PERMISSION SLIPS WHEN IT'S SOMETHING THAT SERIOUS, YOU KNOW?

I CAN'T TAKE ANTIBIOTICS AND THAT WOULD BE MY ONLY CONCERN. I'M AT A HIGH RISK OF NEVER FINDING AN ANTIBIOTIC THAT WOULD WORK FOR ME INSTEAD OF AGAINST ME, SO MY BIGGEST CONCERN WOULD BE SOMETHING LIKE THAT HAPPENING TO SOMEONE LIKE ME WITHOUT THE PERSON'S KNOWLEDGE OR CONSENT.

THAT'S A CHANCE. NOBODY WANTS AN ACCIDENT, BUT IF IT HAPPENS YOU HAVE A BETTER CHANCE OF LIVING IF THEY CAN GIVE YOU WHAT IS NEEDED WITHOUT DELAYING.

THE ONLY THING THAT I WOULD BE CONCERNED ABOUT IS ALLERGIES. WHAT IF SOMEONE WERE ALLERGIC TO THE DRUG OR THE ANTIBIOTICS BUT THE DOCTORS WEREN'T AWARE OF THAT BECAUSE THE PATIENT IS UNCONSCIOUS AND THEIR FAMILY CAN'T BE REACHED?

I THINK THAT'S MY POINT. THERE'S NO POINT OF CONTACTING THE FAMILY IF THE PATIENT IS DYING.

I KNOW IT'S A CHANCE. IT'S JUST YOU CAN PROBABLY GET INFECTIONS FROM IT. THAT'S THE ONLY THING. THEY'RE NOT POSITIVE, THOUGH, THAT YOU'D EVEN GET AN INFECTION FROM IT. THE POINT IS, I GUESS, IS THAT IT'S A GREATER CHANCE FOR SURVIVAL, AND I THINK MOST PEOPLE WOULD BE ALRIGHT WITH TAKING THAT.

NEVER GIVE IT TO A PERSON WHERE IT WOULD CAUSE COMPLICATIONS.

I'M NOT SURE HOW TO ANSWER SOME OF THE QUESTIONS WITH NOT BEING IN THAT SITUATION.

FIRST FIND OUT WHAT THEY ARE ALLERGIC TO.

MOST THINGS SUCH AS SURGERY OR ANY OTHER KIND OF INJURY SHOULD HAVE PRIOR CONSENT OR FAMILY MEMBER CONSENT BEFORE BEING DONE.

I THINK THAT THEY SHOULD TRY TO GET FAMILY CONSENT.

I BELIEVE THAT EVERY EFFORT SHOULD BE TAKEN TO SAVE A LIFE.

IT SHOULD BE USED. ALSO MOST PATIENTS THAT DIE DUE TO SEVERE INJURY DIE OF COMPLICATIONS DUE TO INFECTION.

IF THERE WAS A PANEL OF DOCTORS THAT WERE TO DECIDE IF IT WERE NECESSARY TO USE THE DRUG THAT IS WHAT I WOULD WANT. I DON'T FEEL THAT ONE PERSON SHOULD MAKE THAT DECISION ALONE.

THEY SHOULD HAVE FAMILY MEMBER OR PATIENT CONSENT. NO EXCEPTION. ESPECIALLY ON A RESEARCH DRUG.

I JUST THINK IF THEY HAVE A DRUG THAT COULD SAVE SOMEONE'S LIFE BUT CAUSE THEM HARM IT SHOULD NOT BE USED WITHOUT CONSENT.

IF YOU WERE GOING TO DIE ANYWAY I GUESS THEY SHOULD JUST GO AHEAD AND TRY THE DRUG. WHAT HARM WOULD IT DO IN THAT CASE. IT'S BETTER THAN DYING. ISN'T THAT MORE LOGICAL.

50 50 CHANCE IS JUST AS GOOD. I'VE HEARD OF PEOPLE SURVIVING 50 50 CHANCES AND I HAVE HEARD OF PEOPLE DYING OF COMPLICATIONS BECAUSE OF INFECTION.

IF I HAD A CHANCE TO SURVIVE I WOULD WANT THAT CHANCE FOR ME AND MY FAMILY MEMBERS.

IF YOU'RE TRYING TO SAVE A LIFE THERE SHOULD BE NOTHING THAT WOULD INTERRUPT THAT. I WOULD WANT THAT CHANCE.

YOU GOT TO TAKE THE RISK.

BECAUSE THE CHANCE OF SURVIVAL IS SO SLIM THERE MAY BE AN ORGAN THAT COULD BE SAVED.

THEY SHOULD DO A STUDY WITH A SMALL NUMBER OF PEOPLE WHO GIVE CONSENT THEN SHOW THE ODDS ON HOW MANY GOT INFECTIONS. THEN THEY COULD GO AHEAD AND DO IT WITHOUT PERMISSION, BECAUSE YOU COULD GET SOME CONSENT.

THERE ARE A LOT OF UNANSWERED QUESTIONS LIKE WOULD YOU BECOME COMATOSE, OR WHAT OTHER SIDE EFFECTS ARE THERE?

I JUST THINK THAT IF THERE'S ANY WAY TO COMMUNICATE WITH THE PATIENT, THEN IT SHOULD BE DONE TO GET THEIR CONSENT. IF NO ONE CAN GIVE CONSENT, THEN SOMEONE HAS TO MAKE THE DECISION FOR THEM, LIKE HOSPITAL OFFICIALS, DOCTORS. I WOULD THINK THEY ARE THE ONES THAT ARE MOST QUALIFIED TO MAKE THE DECISION.

MOST PATIENTS WHO ARE THAT SEVERELY INJURED ARE PROBABLY GONNA BE DECEASED WITHIN 24-36 HOURS AFTER THE INJURY. IT'S NOT UNCOMMON, LIKE HOW I TRAVEL AROUND BY MYSELF, AND NO ONE KNOWS WHERE I AM, AND IT WOULD BE HARD TO FIND SOMEONE TO GIVE CONSENT. IN THAT SITUATION, LIFE OR DEATH SITUATION, YES, I THINK IT SHOULD BE ADMINISTERED.

I THINK IF THE PATIENT LOOKS LIKE THEIR BOUND TO DIE, IF THEY HAVE A 90% CHANCE OF DYING, THEN YOU USE WHATEVER YOU CAN TO TRY TO SAVE THEIR LIFE. BUT IF THE POSSIBILITY FOR RECOVERY IS GOOD, THEN A MORE CONSERVATIVE APPROACH SHOULD BE ADMINISTERED FIRST.

I WOULD IF I KNEW WHAT THE DRUG WAS.

IF YOU CAN'T FIND THE PARENTS OR THE GUARDIAN OF THE INDIVIDUAL, THEN GIVE THEM THE DRUG.

I GUESS IT SOUNDS PRETTY REASONABLE IF NOBODY CAN BE CONTACTED. IT SEEMS REASONABLE TO ME IF THE FDA REGULATES IT. IF THE ALTERNATIVE IS DYING VERSUS TRYING A NEW DRUG. I GUESS IT'S A GAMBLE THAT I'M WILLING TO TAKE. IF IT IS AN ELDERLY PERSON, OR IF SOMEONE IS UNHEALTHY PRIOR TO THE ACCIDENT, OR IF THEY HAD A PREEXISTING CONDITION, THEN MAYBE THEY SHOULDN'T USE THE DRUG.

I THINK MORE RESEARCH NEEDS TO BE DONE CONCERNING THIS MATTER. YOU DID NOT GIVE ME ENOUGH INFORMATION TO GIVE YOU AN INFORMED ANSWER.

I WOULD NOT BE ABLE TO GIVE A COMMENT, BECAUSE YOU NEVER KNOW WHAT'S GOING TO HAPPEN UNTIL IT HAPPENS.

IF IT'S A 25 TO 50 PERCENT CHANCE OF DYING, THAT'S NOT RISKY ENOUGH TO DO SOMETHING AGAINST THEIR WISHES.

DEPENDS ON WHAT IT IS MADE OF.

THE SOONER THEY START TREATMENT ON ME THE BETTER MY CHANCES ARE, SO IF THEY CAN CARE FOR ME RIGHT AWAY, I SAY GO FOR IT.

I WOULD NOT DO IT.

I THINK THERE SHOULD BE WRITTEN CONSENT BEFORE GIVING THE DRUG.

IT IS A HARD QUESTION TO ANSWER SEEING AS THERE IS A RISK FOR INFECTION. IT IS HARD. YOU MAY GET SICK FROM THE DRUG, I JUST DON'T KNOW.

I THINK THAT IF I AM IN A POSITION OF LIVING OR DYING THEN I HAVE TO LEAVE IT IN THE HANDS OF THE CAREGIVER. I SAY WHY NOT? THERE IS ALWAYS A RISK OF INFECTION, ESPECIALLY HAVING THREE KIDS, I WOULD CERTAINLY HOPE THAT THEY WOULD DO THAT FOR THEM. I THINK THAT IT IS A GOOD IDEA.

GET PERMISSION FROM ME. IF YOU HAVE THE RELATIONSHIP WITH YOUR DOCTOR THEN YOU HAVE A TYPE OF LIVING WILL. THE INSURANCE COMPANIES HAVE MADE IT SO THAT YOU NO LONGER HAVE THAT CLOSE RELATIONSHIP WITH YOUR DOCTOR AND THE TREATMENT YOU RECEIVE IS SOMETIMES LIMITED TO WHAT IS COVERED. IF I AM GOING TO BE BRAIN DEAD THEN I MIGHT NOT WANT TO LIVE. THE INTEREST OF THE DOCTOR MAY BE THAT HE HAS AN INVESTMENT IN THE PHARMACEUTICAL COMPANY?? DOES HE LIVE/BREATHE AND DIE BY THE HYPOCRITICAL OATH OR BY WALL STREET? WHAT ARE HIS MOTIVATIONS??

THAT IS WHAT DOCTORS ARE FOR, TO TREAT US. THE PATIENT IS NOT GOING TO BE ABLE TO DECIDE ANYWAY. THEY WILL BE STABILIZED. IT HAS TO HAVE GOTTEN GOOD RESULTS SOMEWHERE ALREADY FOR THEM TO BE OFFERING IT TO US NOW. I SAY GO AHEAD AND DO IT!

IT'S NOT A GOOD IDEA, BECAUSE GOING INTO THE HOSPITAL YOU'RE WIDE OPEN FOR INFECTION AND THE WORST PLACE FOR INFECTIONS IS IN HOSPITALS. YOU'RE GOING TO DIE ANYWAY.

WOULD WANT MORE INFORMATION.

HAS PRELIMINARY DRUG HAD ANY PRETRIALS? IS IT A STEROID?

IF THEY DON'T UNDERSTAND THE RISK IT'S HARD TO PUT LIFE IN JEOPARDY.

IF THE DOCTOR THINKS THE PATIENT IS CAPABLE OF TAKING A DRUG AND GETTING BETTER, GIVE IT TO HIM.

KIND OF HARD WHEN PEOPLE ARE SAYING SOMETHING COULD HAPPEN. LET THEM KNOW IN ADVANCE BEFORE IT HAPPENS.

IF A PATIENT WERE SERIOUSLY INJURED, SUCH AS MY SON WAS SEVERELY INJURED, THEN I WOULD GIVE CONSENT.

FOR WRITTEN CONSENT, FOR ANY TREATMENT POSSIBLE, IF CHANCE OF DEATH WAS BELOW 50% I WOULD WANT A WRITTEN CONSENT FROM EITHER PATIENT OR FAMILY.

NEED TO RELY ON DOCTOR'S JUDGMENT.

AFTER PATIENT IS ABLE TO UNDERSTAND OR IF ABLE TO UNDERSTAND, WOULD IT BE EXPLAINED TO THEM THAT THEY WERE PART OF A STUDY AND GIVEN THIS EXPERIMENTAL DRUG? THE PATIENT NEEDS TO BE INFORMED.

I HAVE A CONCERN THAT BEING ABLE TO GIVE DRUGS WITHOUT CONSENT MIGHT BE LATER ABUSED WITH OTHER DRUGS. IT IS A CONCERN FOR SETTING A LEGAL PRECEDENT.

FOR ME TO SAY YES OR NO I WOULD LIKE TO KNOW WHAT RISK THERE IS FROM THE INFECTION. WHAT IS THE PERCENTAGE OF THE RISK AND WHAT IS THE SEVERITY OF THE RISK? YOU SAY IT IS NOT AIDS BUT IS IT SOMETHING THAT I COULD RECOVER FROM? WHAT IS THE SEVERITY OF IT? MORE DETAILS ON THE SIDE EFFECTS WOULD BE NICE. I AM ASSUMING IT HAS BEEN TESTED ON ANIMALS.

IF IT'S PROVEN THAT IT WOULD GIVE THEM A BETTER CHANCE, I THINK IT'S AN EXCELLENT IDEA.

IT ALL DEPENDS ON THE CONDITION YOU ARE IN. IF YOU ARE SEVERELY HURT OR NOT.

I HAVE ONE COMMENT ABOUT WRITTEN CONSENT. I FAIL TO UNDERSTAND WHY IT IS THAT CHILDREN NEED TO HAVE WRITTEN CONSENT TO HAVE THEIR TONSILS OUT BUT THEY DON'T NEED TO HAVE WRITTEN CONSENT TO HAVE A FETUS REMOVED.

I WOULD NOT WANT TO HAVE ANYTHING USED WITHOUT FINAL FDA APPROVAL. I DON'T THINK ANYONE SHOULD EXPERIMENT WITH ANYTHING. THAT IS MY OPINION. YOU SAY THERE COULD BE INCREASED RISK OF INFECTION AND THAT ANTIBIOTICS ARE NOT GUARANTEED.

WHEN PEOPLE PASS OUT OR GO INTO CARDIAC ARREST, THEY DO ELECTRO SHOCK AND THEY DON'T GIVE CONSENT THEN AND THAT'S ALSO SAVING THEIR LIVES. SO I DON'T SEE ANYTHING WRONG WITH IT.

IT IS OK IF IT IS AN APPROVED DRUG AND THEY THINK IT WILL HELP THEM TO SURVIVE.

I THINK THE CHANCES OF DEATH SHOULD BE OVER 50 PERCENT, NOT UNDER.

I THINK THAT WHEN YOU ARE IN A HOSPITAL AND YOU ARE UNCONSCIOUS IT IS THE RESPONSIBILITY OF THE DOCTORS AND THE PEOPLE THERE TO DO EVERYTHING THEY CAN. SOMETHING THAT SEEMED LIKE A QUACK THING 50 YEARS AGO NOW MAY BE STANDARD PRACTICE, AND THIS IS MAYBE WHAT THIS IS, TOO.

IT SOUNDS LIKE WHEN YOU WEIGH THE TWO, THE INFECTION IS NOT THAT BIG OF A DEAL. IT SOUNDS LIKE A PRETTY GOOD THING.

ONLY THAT YOU KNOW THAT ALL AVENUES HAVE BEEN EXHAUSTED AS FAR AS TRYING TO REACH THE PERSON WHO WOULD CONSENT TO IT. I WOULD WANT TO MAKE SURE THIS IS DONE, FIRST, BEFORE THEY WENT AND DID IT ON ANYBODY.

I THINK IF IT'S A 50% CHANCE OF DYING, THEN USING THE DRUG IS OK WITHOUT CONSENT. IF IT WAS ONLY A 25% CHANCE OF DYING, SINCE IT IS A RESEARCH DRUG, I WOULD WANT TO HAVE A SAY-SO BEFORE IT WOULD BE USED.

IF IT IS LIFE-THREATENING AND THAT WOULD IMPROVE THE CHANCES TO SAVE HIS LIFE, I AM ALL FOR IT.

IF THE PATIENT IS COMATOSE AND THERE IS A 25-50% CHANCE OF DEATH, I WOULD RATHER TAKE THAT CHANCE. YOU CAN ALWAYS FIGHT AN INFECTION, SO IF THERE IS ANY MEANS OF HOPE THAT THIS WILL HELP THEN, SURE, GIVE IT TO THEM. IF THEIR CHANCES ARE NOT GOOD ANYWAY, WHAT DIFFERENCE DOES IT MAKE? I WOULD WANT MY CHILD TO BE TREATED, EVEN IF THERE WAS ONLY A SMALL CHANCE IT WOULD HELP.

I THINK YOU SHOULD DO EVERYTHING YOU CAN TO SAVE PEOPLE. BUT I DON'T WANT IT IN MY CASE, BECAUSE I AM IN MY 70'S.

I THINK IF SOMEBODY COMES UP WITH SOMETHING NEW AND THEY CAN TRY IT OUT WITH A SITUATION OF LIFE OR DEATH, GO AHEAD AND DO IT.

WHAT HAPPENS IF THEY GIVE IT TO A PATIENT AND HE DIES. WILL THE FAMILY SUE?

IF HIGHER RISK SUCH AS 75 TO 90 PERCENT CHANCE OF LOSING SOMEONE WITHOUT POSSIBLE TREATMENT I STILL WOULD HAVE TO LEAN BACK ON WHAT RESEARCH HAS SHOWN SO FAR.

WHAT IF HAD BRAIN DAMAGE FROM INJURY?

MY CONCERN IS IN A STUDY IT'S A GUINEA PIG SITUATION AND WHAT IF THE PATIENT'S LIFE IS SAVED AND THEY HAVE SIDE EFFECTS. I REALLY DON'T KNOW SOME OF THE OTHER POSSIBLE SIDE EFFECTS.

WOULD THERE BE AN ID THAT YOU CARRY AFTER THAT FACT?

THERE'S GOING TO BE A MINIMUM INCREASE FOR SURVIVAL. IF CHANCES INCREASE (RISK SHOULD BE MORE THAN 1 PERCENT). ARE THERE ANY OTHER SIDE EFFECTS? ALSO I THINK PATIENTS SHOULD HAVE A 50 TO 75% CHANCE OF DYING INSTEAD OF 25 TO 50%.

I THINK THE DOCTOR SHOULD DECIDE. IF IT IS GOOD FOR THE PATIENT, PATIENT SHOULD NOT BE DEPRIVED.

IF IT'S AN EMERGENCY LIKE YOU SAID AND THERE'S REALLY A HIGH RISK OF DEATH, I THINK IT'S FINE TO GIVE SOMETHING LIKE THAT WITHOUT PERMISSION.

IF EVERYTHING THAT COULD BE DONE WAS BEING DONE I WOULD HAVE NO PROBLEM WITH THE ADDITION OF THAT DRUG. IF IT WERE ME OR MY FAMILY, I WOULD WANT EVERYTHING DONE TO THEM THAT COULD IN SOME WAY INCREASE THEIR CHANCES OF SURVIVAL. I WOULD WANT THE BEST CARE POSSIBLE TO GIVE THEM THE HIGHEST CHANCE TO LIVE, AND IF THAT WERE A PART OF IT, THAT'D BE FINE.

IF IT'S A LIFE AND DEATH SITUATION, I MIGHT FEEL DIFFERENTLY. TO ME, A 25% CHANCE OF DYING ISN'T LIFE OR DEATH BECAUSE THAT MEANS THAT YOU HAVE A 75% CHANCE OF LIVING. IF THE SITUATION WERE PERHAPS 75% CHANCE OF DYING, I'D PROBABLY AGREE WITH THE USAGE OF THE DRUG FOR MYSELF.

I JUST THINK THAT IF THEY'RE DOING RESEARCH ON THE DRUG THAT THEY'RE PLANNING ON USING, THEY SHOULD ALSO DO RESEARCH ON THE SPECIFIC ANTIBIOTICS THAT WILL BE USED. I THINK IT'S STRANGE THAT THEY'RE NOT SURE WHETHER THE ANTIBIOTIC THEY'D GIVE TO THE PATIENT WOULD WORK OR NOT BECAUSE IT SEEMS AS THOUGH THEY'D HAVE ALREADY DONE EXTENSIVE ENOUGH RESEARCH ON THAT TO KNOW THE RATE OF SUCCESS AND FAILURE IN CASES LIKE THAT.

I THINK IT'S GOOD THAT THEY'D DO IT BECAUSE PEOPLE COULD BE SAVED. I'VE KNOWN PEOPLE WHO'VE DIED, MINORS OR OTHERWISE, BECAUSE NO ONE WAS AT THE SCENE OR THE HOSPITAL IN TIME TO SIGN FOR THEM TO GET CERTAIN MEDICINE OR SURGERY. MY ONLY CONCERN WITH THE DRUG IS THAT THEY MIGHT BE TOO QUICK TO USE IT. ANYTIME YOU INVENT SOMETHING LIKE THIS, YOU'RE GOING TO WANT TO TEST IT OUT ANY CHANCE YOU GET. I'D JUST BE AFRAID THAT THEY'D BE FAST TO USE IT ON PEOPLE WHO DON'T REALLY NEED IT, AND THEN THOSE PEOPLE ARE PUT AT RISK, BECAUSE THEY HAVE THAT CHANCE TO GET AN INFECTION.

I JUST THINK THAT THIS IS SUCH A BIG DECISION, I COULDN'T REALLY SAY WHETHER OR NOT I'D AGREE WITH IT. I'D HAVE TO THINK ABOUT IT MORE. IT SEEMS AS THOUGH IT'S ALL BEING DONE SO FAST. I DON'T SEE HOW THEY COULD BE SURE ABOUT WHAT IT IS THAT THEY'RE DOING. IT SEEMS LIKE IT'D BE SUCH A GREAT RISK.

I STRONGLY BELIEVE THAT IF A PERSON IS INJURED AND THEY REALLY WANT TO BE HEALED, THEY SHOULD GO TO THE LORD FOR PRAYER AND GUIDANCE AND ASK HIM TO DO WHAT HE THINKS IS RIGHT FOR THEM. THE LORD WILL SORT EVERYTHING LIKE THAT OUT FOR EVERYONE.

I DON'T REALLY BELIEVE IN DRUGS, I SUPPOSE, AND THAT'S PROBABLY WHY I ANSWERED LIKE I DID.

I DON'T THINK THEY SHOULD GIVE THE DRUG UNLESS THEY HAVE WRITTEN CONSENT FROM THE FAMILY MEMBERS. THAT IS JUST WHAT I BELIEVE.

I WOULD LIKE TO GET SOME MORE INFORMATION ON THE SUBJECT.

I WOULD ONLY SAY THAT I WOULD WANT TO TAKE THE DRUG WITHOUT CONSENT FOR MYSELF BUT I THINK THAT THE DRUG SHOULDN'T BE GIVEN UNLESS THEY DO HAVE CONSENT FROM A FAMILY MEMBER OR SOMETHING.

I'M NOT SURE THAT IT IS SOMETHING THAT I WOULD WANT TO DO.

DO EVERYTHING POSSIBLE TO SAVE ME. PREFERABLY I WOULD WANT CONSENT FROM FAMILY IF THEY HAD TIME.

IF THE PATIENT WANTED IT I'D GO ALONG WITH IT.

I BELIEVE MOST PATIENTS WOULD GIVE CONSENT IF POSSIBLE TO DO SO.

IT IS KIND OF HARD TO ANSWER THAT SINCE I WORK IN A RETIREMENT HOME AND I SEE A LOT OF DEATHS. DEPENDING ON THE AGE. IF IT'S SOMEONE YOUNG, GO AHEAD AND TRY IT WITHOUT CONSENT BUT IF OLDER OTHER THINGS COULD GO WRONG.

I'D WORRY ABOUT THE SIDE EFFECTS.

IF FAMILY OR NO ONE IS AVAILABLE IT SHOULD BE ADMINISTERED.

IT WOULD BE GOOD TO GET THE PERSON'S OPINION BEFORE THEY RECEIVE THE MEDICATION. THE DOCTORS SHOULD HAVE SOMETHING IN WRITING TO PROTECT THE PATIENT. I THINK THIS MEDICINE WOULD BE MORE APPROPRIATE FOR A YOUNGER PERSON THAN AN OLDER ONE.

HAVE THEY HAD TESTINGS ON ANYBODY YET?

I AGREE WITH IT.

MY ONLY WORRY WOULD BE THE DOCTOR IS NOT QUITE UP ON IT AS HE SHOULD BE. WOULD THE PERSON BE USED AS A GUINEA PIG FOR SOMETHING ELSE, TOO?

I DON'T THINK IT SHOULD BE DONE WITHOUT WRITTEN CONSENT. IF APPROVED, IT NEEDS TO BE A PROVEN DRUG.

ISN'T IT A MEDICAL JUDGMENT WHETHER TO GIVE IT TO THE PATIENT WHEN YOU CANNOT GET CONSENT?

WOULD THIS DRUG HAVE INTERFERENCE WITH POSSIBLE ORGAN DONATION?

WHAT IF HE WERE DISABLED? WOULD IT HELP HIM?

I THINK IF IT MAKES THE PERSON BETTER OFF GIVE IT TO THEM.

ANYBODY SEVERELY INJURED WOULD WANT THE BEST TREATMENT THEY COULD GET IF IT IMPROVES THEIR CHANCE OF SURVIVAL.

IF THEY COULDN'T FIND MY FAMILY GO AHEAD AND GIVE IT TO ME.

JUST THAT THROUGHOUT REGULAR CHECKUPS OR SOMETIME IN ADVANCE THEY MIGHT TELL PEOPLE ABOUT THIS SO THAT PEOPLE WOULD KNOW IN ADVANCE. OTHERWISE I DON'T THINK IT WOULD BE FAIR TO THEM IN THAT ASPECT.

NOTHING IS ASSURING THAT IT WON'T HAVE A SIDE EFFECT. I CAN ONLY SPEAK FOR MYSELF AND I HAVE NO RELATIVES IN THE STATE EXCEPT ONE SO I DON'T EVEN KNOW IF HE'D BE AROUND TO GIVE CONSENT. SO I FEEL IT'S OK.

I THINK THE FAMILY SHOULD KNOW ABOUT IT. MOST FAMILIES, WELL, MINE ANYWAY, I LIVE WITH MY DAUGHTER, AND IF I GO TO THE HOSPITAL OR ANYTHING, SHE KNOWS ABOUT IT. SHE TAKES CARE OF ME.

JUST WHAT I'VE ALREADY SAID. I DON'T THINK I'M A GOOD CANDIDATE FOR RESEARCH LIKE THIS FOR THAT EXACT REASON. I'M NOT IN FAVOR OF PROLONGING LIFE IN ANY WAY, MINE OR ANYONE ELSE'S.

I WOULD WANT THIS DRUG GIVEN TO ME WITHOUT WRITTEN CONSENT.

I BELIEVE DOCTORS AND NURSES SHOULD DO EVERYTHING IN THEIR POWER TO KEEP A PATIENT ALIVE. THIS IS THE OATH NURSES TAKE WHEN THEY TAKE THEIR JOB.

IF THE DOCTOR THINKS THERE IS A CHANCE THIS DRUG MAY HELP PEOPLE TO LIVE LONGER IT SHOULD BE USED.

I DO NOT THINK THIS DRUG SHOULD BE GIVEN TO THE PATIENT WITHOUT THEIR PERMISSION AS IT COULD INCREASE THEIR CHANCES OF DYING.

THERE NEEDS TO BE MORE RESEARCH ON THIS DRUG AND OTHER DRUGS THAT ARE USED TO TREAT SEVERE INJURIES.

I THINK THE DOCTORS NEED TO HAVE PERMISSION TO GIVE THIS DRUG TO A PERSON WITH SEVERE INJURY. THE POSSIBILITY OF INFECTION CAN BE A MORE SERIOUS SIDE EFFECT OF THE DRUG FOR SOME PEOPLE THAN FOR OTHERS.

IF THE DRUG IS SUPERVISED BY A DOCTOR THAT IS INFORMED ABOUT THE SIDE EFFECTS, I THINK THE DOCTOR WOULD BE ABLE TO DETERMINE IF GIVING THE PATIENT THE DRUG IS IN THE PATIENTS BEST INTEREST.

MEMPHIS AREA QUESTIONNAIRE

Hello, my name is _____, and I'm a research assistant for Hebert Research, an independent research firm in Bellevue, Washington. We are currently conducting a survey on behalf of the University of Tennessee at Memphis to obtain community opinions and views on a study involving severely injured patients. The survey will take approximately five to ten minutes, during which time I will describe the research study to you and ask you for your opinions on it. I will also ask you a few personal questions regarding your education and income level. You do not have to answer any questions that you object to and you may stop the survey at any time. The University of Tennessee will use your opinions to help determine whether the study is acceptable to the community. This call does not involve sales of any kind, now or in the future. Would you be willing to offer your opinions and answer some questions after I give you details about the medical study? Your answers will be kept anonymous. Are you eighteen years old or older? **[IF NOT, ASK TO SPEAK TO SOMEONE EIGHTEEN YEARS OLD OR OLDER; REINTRODUCE YOURSELF]** Thank you!

[READ THE FOLLOWING PRIOR TO ASKING SURVEY QUESTIONS]

A recently developed drug is being tested in a study involving patients with severe injuries, such as those in severe auto accidents, who have a 25-50% chance of dying from their injuries. Usually, patients in a study must provide written consent for participation after being told about the study, its risks and its potential benefits. In the case of severe injury, it is not always possible for patients to give written consent, because they may be unconscious, and their families may not always be available to speak for them.

The U.S. Food and Drug Administration allows for certain studies to be performed without written consent in emergency settings but only if patients have a high risk of dying without treatment, cannot communicate because of their illness and don't have family available to speak for them. When there is no other known treatment available to improve their chance of survival, patients may be given a research drug but only if it has been approved in advance by an independent University group set up to review research studies involving humans. We would like your opinion on one such study that is proposed involving severely injured patients.

Most people who survive the period immediately after an injury return to their previous daily activities. However, injury is the leading cause of death in children and younger adults. The usual cause of death in these patients is blood loss. Sometimes a patient will survive the injury but die several days later due to organ failure of their heart, lungs, liver or kidneys. Researchers at the University of Tennessee are trying a recently developed drug that may prevent organ failure and improve survival after severe injury.

A possible side effect which could result from the recently developed drug is an increased risk of infection. Patients in the study would receive antibiotics to reduce the risk of infection, but there is no guarantee that antibiotics will prevent infection. The risk of infection is for bacterial infection, not a viral infection such as hepatitis or HIV.

In this study, an attempt will be made to get written consent from the family. However, this is often not possible, because the drug must be given soon after injury in order to be effective. We are considering whether to allow the drug to be given without written consent if family cannot be reached in time. We would like to ask you some questions about your opinion on this.

1. At any moment, we are all at risk of serious injury, especially in an automobile. If you were severely injured, such that you had a 25 - 50% chance of dying with standard treatment, would you want this newly developed drug given to you without written consent, knowing that it might improve your chance for survival but that there is a risk of infection?
 1. Yes
 2. No
 3. Don't know
 4. Refused

2. Do you believe that this exception to written consent is justified in a research study of a new drug for treating patients who have been severely injured?
 1. Yes **[SKIP TO Q4]**
 2. No
 3. Don't know
 4. Refused

3. What is your reason for concern? **[SKIP TO Q5 AFTER ANSWERING]**
 1. Fear of the possibility of increased risk of infection
 2. Patients should not be included in research without their own consent or the consent of their family
 3. Other _____ **[SPECIFY]**
 4. Don't know
 5. Refused

4. Why do you feel this exception to consent is justified? _____
 1. It is in the best interest of the patient
 2. It is in the best interest of the community
 3. It is in the best interests of both the patient and the community
 4. Don't know
 5. Refused

5. Do you have any additional comments about giving this drug without written consent by the patient? _____ **[RECORD VERBATIM]**

