**The Standard of Care Debate—Whose Standards?**

**Using a Global Structural Injustice Perspective to Expose Deep-Rooted Injustice**

In 1997, news spread about clinical trials primarily done in Sub-Saharan Africa to find a shorter, cheaper regimen of a drug by the name of AZT that reduces mother-fetus vertical HIV transmission. The mission to find a shorter, cheaper intervention was urgent and supported by many. However, word soon spread about researchers conducting AZT clinical trials with lower standards in less developed countries, which sparked major controversy about research protocols and whether or not it was ethical to have lower standards of care in less developed countries. Some scholars and medical professionals called the AZT trials unethical and exploitative, claiming that in developed countries researchers would not be approved to use the standards they were using in less developed countries. Furthermore, the practice of setting a lower standard of care is exploitative and harmful. On the other side of the debate, where the majority opinion followed, scholars and medical professionals argued that the trials were not unethical because there were different economic, social, and political situations to consider when doing research in less developed countries.

These disagreements inspired a much larger debate in research ethics that came to be known as the Standard of Care Debate. Questions in the Standard of Care Debate ask whether we should require the same standard of care worldwide, or whether different standards should be used in different contexts. Specifically, might lower standards be permissible in poorer countries? In this debate so far, the conversation on ethics and the standard of care has mainly focused on benefits, harms, and rights for those directly involved, such as the research participants, host communities, and research teams. However, there has been no explicit attention to the historical and geo-political background in which medical research occurs. In particular, conversations about the relationship between the countries with histories as colonizers and countries with histories as the colonized are nonexistent. Furthermore, because of this lack of attention to historical and geopolitical backgrounds, responsibilities and duties that researchers have in clinical trials have been confused in this debate. In this paper, I will take a look at some of the most influential arguments from the Standard of Care Debate and use a perspective I call a global structural injustice (GSI) view rooted in the history of colonization to find morally relevant considerations that have been omitted from this debate. I argue that by ethicists approaching the debate from a GSI perspective, it becomes clear that what is just is to use the same standard of care in less developed countries as we do in developed countries—thereby setting a universal standard of care.

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