# Ethical Considerations in Planning and Executing Research

## Table of Contents

### Belmont Report & APA Ethics Code
- The Belmont Report 2
- The Nuremberg Code 15
- The Tuskegee Timeline 17
- Tuskegee Syphilis Study 20
- About the USPHS Syphilis Study 21

### Infamous Cases to Consider from the History of Psychology
- Rethinking One of Psychology's Most Infamous Experiments 24
- The Stanford Prison Experiment 30
- Demonstrating the Power of Social Situations 31
Belmont Report & APA Ethics Code

The Belmont Report
Office of the Secretary

Ethical Principles and Guidelines for the Protection of Human Subjects of Research

The National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research

April 18, 1979

AGENCY: Department of Health, Education, and Welfare.

ACTION: Notice of Report for Public Comment.

SUMMARY: On July 12, 1974, the National Research Act (Pub. L. 93-348) was signed into law, thereby creating the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research. One of the charges to the Commission was to identify the basic ethical principles that should underlie the conduct of biomedical and behavioral research involving human subjects and to develop guidelines which should be followed to assure that such research is conducted in accordance with those principles. In carrying out the above, the Commission was directed to consider: (i) the boundaries between biomedical and behavioral research and the accepted and routine practice of medicine, (ii) the role of assessment of risk-benefit criteria in the determination of the appropriateness of research involving human subjects, (iii) appropriate guidelines for the selection of human subjects for participation in such research and (iv) the nature and definition of informed consent in various research settings.

The Belmont Report attempts to summarize the basic ethical principles identified by the Commission in the course of its deliberations. It is the outgrowth of an intensive four-day period of discussions that were held in February 1976 at the Smithsonian Institution’s Belmont Conference Center supplemented by the monthly deliberations of the Commission that were held over a period of nearly four years. It is a statement of basic ethical principles and guidelines that should assist in resolving the ethical problems that surround the conduct of research with human subjects. By publishing the Report in the Federal
Register, and providing reprints upon request, the Secretary intends that it may be made readily available to scientists, members of Institutional Review Boards, and Federal employees. The two-volume Appendix, containing the lengthy reports of experts and specialists who assisted the Commission in fulfilling this part of its charge, is available as DHEW Publication No. (OS) 78-0013 and No. (OS) 78-0014, for sale by the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

Unlike most other reports of the Commission, the Belmont Report does not make specific recommendations for administrative action by the Secretary of Health, Education, and Welfare. Rather, the Commission recommended that the Belmont Report be adopted in its entirety, as a statement of the Department's policy. The Department requests public comment on this recommendation.

National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research

Members of the Commission

Kenneth John Ryan, M.D., Chairman, Chief of Staff, Boston Hospital for Women.
Joseph V. Brady, Ph.D., Professor of Behavioral Biology, Johns Hopkins University.
Robert E. Cooke, M.D., President, Medical College of Pennsylvania.
Dorothy I. Height, President, National Council of Negro Women, Inc.
Albert R. Jonsen, Ph.D., Associate Professor of Bioethics, University of California at San Francisco.
Patricia King, J.D., Associate Professor of Law, Georgetown University Law Center.
Karen Lebacqz, Ph.D., Associate Professor of Christian Ethics, Pacific School of Religion.
**David W. Louisell, J.D., Professor of Law, University of California at Berkeley.
Donald W. Seldin, M.D., Professor and Chairman, Department of Internal Medicine, University of Texas at Dallas.
**Eliot Stellar, Ph.D., Provost of the University and Professor of Physiological Psychology, University of Pennsylvania.

***Deceased.
Ethical Principles and Guidelines for Research Involving Human Subjects

A. Boundaries Between Practice and Research
B. Basic Ethical Principles
   1. Respect for Persons
   2. Beneficence
   3. Justice
C. Applications
   1. Informed Consent
   2. Assessment of Risk and Benefits
   3. Selection of Subjects

Scientific research has produced substantial social benefits. It has also posed some troubling ethical questions. Public attention was drawn to these questions by reported abuses of human subjects in biomedical experiments, especially during the Second World War. During the Nuremberg War Crime Trials, the Nuremberg code was drafted as a set of standards for judging physicians and scientists who had conducted biomedical experiments on concentration camp prisoners. This code became the prototype of many later codes (1) intended to assure that research involving human subjects would be carried out in an ethical manner.

The codes consist of rules, some general, others specific, that guide the investigators or the reviewers of research in their work. Such rules often are inadequate to cover complex situations; at times they come into conflict, and they are frequently difficult to interpret or apply. Broader ethical principles will provide a basis on which specific rules may be formulated, criticized and interpreted.

Three principles, or general prescriptive judgments, that are relevant to research involving human subjects are identified in this statement. Other principles may also be relevant. These three are comprehensive, however, and are stated at a level of generalization that should assist scientists, subjects, reviewers and interested citizens to understand the ethical issues inherent in research involving human subjects. These principles cannot always be applied so as to resolve beyond dispute
particular ethical problems. The objective is to provide an analytical framework that will guide the resolution of ethical problems arising from research involving human subjects.

This statement consists of a distinction between research and practice, a discussion of the three basic ethical principles, and remarks about the application of these principles.

Part A: Boundaries Between Practice & Research

A. Boundaries Between Practice and Research

It is important to distinguish between biomedical and behavioral research, on the one hand, and the practice of accepted therapy on the other, in order to know what activities ought to undergo review for the protection of human subjects of research. The distinction between research and practice is blurred partly because both often occur together (as in research designed to evaluate a therapy) and partly because notable departures from standard practice are often called "experimental" when the terms "experimental" and "research" are not carefully defined.

For the most part, the term "practice" refers to interventions that are designed solely to enhance the well-being of an individual patient or client and that have a reasonable expectation of success. The purpose of medical or behavioral practice is to provide diagnosis, preventive treatment or therapy to particular individuals.(2) By contrast, the term "research" designates an activity designed to test an hypothesis, permit conclusions to be drawn, and thereby to develop or contribute to generalizable knowledge (expressed, for example, in theories, principles, and statements of relationships). Research is usually described in a formal protocol that sets forth an objective and a set of procedures designed to reach that objective.

When a clinician departs in a significant way from standard or accepted practice, the innovation does not, in and of itself, constitute research. The fact that a procedure is "experimental," in the sense of new, untested or different, does not automatically place it in the category of research. Radically new procedures of this description should, however, be made the object of formal research at an early stage in order to determine whether they are safe and effective. Thus, it is the responsibility of medical practice committees, for example, to insist that a major innovation be incorporated into a formal research project.(3)

Research and practice may be carried on together when research is designed to evaluate the safety and efficacy of a therapy. This need not cause any confusion regarding whether or not the activity requires review; the general rule is that if there is any element of research in an activity, that activity should undergo review for the protection of human subjects.
Part B: Basic Ethical Principles

B. Basic Ethical Principles

The expression "basic ethical principles" refers to those general judgments that serve as a basic justification for the many particular ethical prescriptions and evaluations of human actions. Three basic principles, among those generally accepted in our cultural tradition, are particularly relevant to the ethics of research involving human subjects: the principles of respect of persons, beneficence and justice.

1. Respect for Persons. -- Respect for persons incorporates at least two ethical convictions: first, that individuals should be treated as autonomous agents, and second, that persons with diminished autonomy are entitled to protection. The principle of respect for persons thus divides into two separate moral requirements: the requirement to acknowledge autonomy and the requirement to protect those with diminished autonomy.

An autonomous person is an individual capable of deliberation about personal goals and of acting under the direction of such deliberation. To respect autonomy is to give weight to autonomous persons' considered opinions and choices while refraining from obstructing their actions unless they are clearly detrimental to others. To show lack of respect for an autonomous agent is to repudiate that person's considered judgments, to deny an individual the freedom to act on those considered judgments, or to withhold information necessary to make a considered judgment, when there are no compelling reasons to do so.

However, not every human being is capable of self-determination. The capacity for self-determination matures during an individual's life, and some individuals lose this capacity wholly or in part because of illness, mental disability, or circumstances that severely restrict liberty. Respect for the immature and the incapacitated may require protecting them as they mature or while they are incapacitated.

Some persons are in need of extensive protection, even to the point of excluding them from activities which may harm them; other persons require little protection beyond making sure they undertake activities freely and with awareness of possible adverse consequence. The extent of protection afforded should depend upon the risk of harm and the likelihood of benefit. The judgment that any individual lacks autonomy should be periodically reevaluated and will vary in different situations.

In most cases of research involving human subjects, respect for persons demands that subjects enter into the research voluntarily and with adequate information. In some situations, however, application of the principle is not obvious. The involvement of prisoners as subjects of research provides an instructive
example. On the one hand, it would seem that the principle of respect for persons requires that prisoners not be deprived of the opportunity to volunteer for research. On the other hand, under prison conditions they may be subtly coerced or unduly influenced to engage in research activities for which they would not otherwise volunteer. Respect for persons would then dictate that prisoners be protected. Whether to allow prisoners to "volunteer" or to "protect" them presents a dilemma. Respecting persons, in most hard cases, is often a matter of balancing competing claims urged by the principle of respect itself.

2. Beneficence. -- Persons are treated in an ethical manner not only by respecting their decisions and protecting them from harm, but also by making efforts to secure their well-being. Such treatment falls under the principle of beneficence. The term "beneficence" is often understood to cover acts of kindness or charity that go beyond strict obligation. In this document, beneficence is understood in a stronger sense, as an obligation. Two general rules have been formulated as complementary expressions of beneficent actions in this sense: (1) do not harm and (2) maximize possible benefits and minimize possible harms.

The Hippocratic maxim "do no harm" has long been a fundamental principle of medical ethics. Claude Bernard extended it to the realm of research, saying that one should not injure one person regardless of the benefits that might come to others. However, even avoiding harm requires learning what is harmful; and, in the process of obtaining this information, persons may be exposed to risk of harm. Further, the Hippocratic Oath requires physicians to benefit their patients "according to their best judgment." Learning what will in fact benefit may require exposing persons to risk. The problem posed by these imperatives is to decide when it is justifiable to seek certain benefits despite the risks involved, and when the benefits should be foregone because of the risks.

The obligations of beneficence affect both individual investigators and society at large, because they extend both to particular research projects and to the entire enterprise of research. In the case of particular projects, investigators and members of their institutions are obliged to give forethought to the maximization of benefits and the reduction of risk that might occur from the research investigation. In the case of scientific research in general, members of the larger society are obliged to recognize the longer term benefits and risks that may result from the improvement of knowledge and from the development of novel medical, psychotherapeutic, and social procedures.

The principle of beneficence often occupies a well-defined justifying role in many areas of research involving human subjects. An example is found in research involving children. Effective ways of treating childhood diseases and fostering healthy development are benefits that serve to justify research involving children -- even when individual research subjects are not direct beneficiaries. Research also makes it possible to avoid the harm that may result from the application of previously accepted routine
practices that on closer investigation turn out to be dangerous. But the role of the principle of beneficence is not always so unambiguous. A difficult ethical problem remains, for example, about research that presents more than minimal risk without immediate prospect of direct benefit to the children involved. Some have argued that such research is inadmissible, while others have pointed out that this limit would rule out much research promising great benefit to children in the future. Here again, as with all hard cases, the different claims covered by the principle of beneficence may come into conflict and force difficult choices.

3. Justice. -- Who ought to receive the benefits of research and bear its burdens? This is a question of justice, in the sense of "fairness in distribution" or "what is deserved." An injustice occurs when some benefit to which a person is entitled is denied without good reason or when some burden is imposed unduly. Another way of conceiving the principle of justice is that equals ought to be treated equally. However, this statement requires explication. Who is equal and who is unequal? What considerations justify departure from equal distribution? Almost all commentators allow that distinctions based on experience, age, deprivation, competence, merit and position do sometimes constitute criteria justifying differential treatment for certain purposes. It is necessary, then, to explain in what respects people should be treated equally. There are several widely accepted formulations of just ways to distribute burdens and benefits. Each formulation mentions some relevant property on the basis of which burdens and benefits should be distributed. These formulations are (1) to each person an equal share, (2) to each person according to individual need, (3) to each person according to individual effort, (4) to each person according to societal contribution, and (5) to each person according to merit.

Questions of justice have long been associated with social practices such as punishment, taxation and political representation. Until recently these questions have not generally been associated with scientific research. However, they are foreshadowed even in the earliest reflections on the ethics of research involving human subjects. For example, during the 19th and early 20th centuries the burdens of serving as research subjects fell largely upon poor ward patients, while the benefits of improved medical care flowed primarily to private patients. Subsequently, the exploitation of unwilling prisoners as research subjects in Nazi concentration camps was condemned as a particularly flagrant injustice. In this country, in the 1940's, the Tuskegee syphilis study used disadvantaged, rural black men to study the untreated course of a disease that is by no means confined to that population. These subjects were deprived of demonstrably effective treatment in order not to interrupt the project, long after such treatment became generally available.

Against this historical background, it can be seen how conceptions of justice are relevant to research involving human subjects. For example, the selection of research subjects needs to be scrutinized in order to determine whether some classes (e.g., welfare patients, particular racial and ethnic minorities, or persons confined to institutions) are being systematically selected simply because of their easy
availability, their compromised position, or their manipulability, rather than for reasons directly related to the problem being studied. Finally, whenever research supported by public funds leads to the development of therapeutic devices and procedures, justice demands both that these not provide advantages only to those who can afford them and that such research should not unduly involve persons from groups unlikely to be among the beneficiaries of subsequent applications of the research.

Part C: Applications

C. Applications

Applications of the general principles to the conduct of research leads to consideration of the following requirements: informed consent, risk/benefit assessment, and the selection of subjects of research.

1. Informed Consent. -- Respect for persons requires that subjects, to the degree that they are capable, be given the opportunity to choose what shall or shall not happen to them. This opportunity is provided when adequate standards for informed consent are satisfied.

While the importance of informed consent is unquestioned, controversy prevails over the nature and possibility of an informed consent. Nonetheless, there is widespread agreement that the consent process can be analyzed as containing three elements: information, comprehension and voluntariness.

Information. Most codes of research establish specific items for disclosure intended to assure that subjects are given sufficient information. These items generally include: the research procedure, their purposes, risks and anticipated benefits, alternative procedures (where therapy is involved), and a statement offering the subject the opportunity to ask questions and to withdraw at any time from the research. Additional items have been proposed, including how subjects are selected, the person responsible for the research, etc.

However, a simple listing of items does not answer the question of what the standard should be for judging how much and what sort of information should be provided. One standard frequently invoked in medical practice, namely the information commonly provided by practitioners in the field or in the locale, is inadequate since research takes place precisely when a common understanding does not exist. Another standard, currently popular in malpractice law, requires the practitioner to reveal the information that reasonable persons would wish to know in order to make a decision regarding their care. This, too, seems insufficient since the research subject, being in essence a volunteer, may wish to know considerably more about risks gratuitously undertaken than do patients who deliver themselves into the hand of a clinician for needed care. It may be that a standard of "the reasonable volunteer" should be proposed: the extent and nature of information should be such that persons, knowing that
the procedure is neither necessary for their care nor perhaps fully understood, can decide whether they wish to participate in the furthering of knowledge. Even when some direct benefit to them is anticipated, the subjects should understand clearly the range of risk and the voluntary nature of participation.

A special problem of consent arises where informing subjects of some pertinent aspect of the research is likely to impair the validity of the research. In many cases, it is sufficient to indicate to subjects that they are being invited to participate in research of which some features will not be revealed until the research is concluded. In all cases of research involving incomplete disclosure, such research is justified only if it is clear that (1) incomplete disclosure is truly necessary to accomplish the goals of the research, (2) there are no undisclosed risks to subjects that are more than minimal, and (3) there is an adequate plan for debriefing subjects, when appropriate, and for dissemination of research results to them. Information about risks should never be withheld for the purpose of eliciting the cooperation of subjects, and truthful answers should always be given to direct questions about the research. Care should be taken to distinguish cases in which disclosure would destroy or invalidate the research from cases in which disclosure would simply inconvenience the investigator.

**Comprehension.** The manner and context in which information is conveyed is as important as the information itself. For example, presenting information in a disorganized and rapid fashion, allowing too little time for consideration or curtailing opportunities for questioning, all may adversely affect a subject's ability to make an informed choice.

Because the subject's ability to understand is a function of intelligence, rationality, maturity and language, it is necessary to adapt the presentation of the information to the subject's capacities. Investigators are responsible for ascertaining that the subject has comprehended the information. While there is always an obligation to ascertain that the information about risk to subjects is complete and adequately comprehended, when the risks are more serious, that obligation increases. On occasion, it may be suitable to give some oral or written tests of comprehension.

Special provision may need to be made when comprehension is severely limited -- for example, by conditions of immaturity or mental disability. Each class of subjects that one might consider as incompetent (e.g., infants and young children, mentally disable patients, the terminally ill and the comatose) should be considered on its own terms. Even for these persons, however, respect requires giving them the opportunity to choose to the extent they are able, whether or not to participate in research. The objections of these subjects to involvement should be honored, unless the research entails providing them a therapy unavailable elsewhere. Respect for persons also requires seeking the permission of other parties in order to protect the subjects from harm. Such persons are thus respected both by acknowledging their own wishes and by the use of third parties to protect them from harm.
The third parties chosen should be those who are most likely to understand the incompetent subject's situation and to act in that person's best interest. The person authorized to act on behalf of the subject should be given an opportunity to observe the research as it proceeds in order to be able to withdraw the subject from the research, if such action appears in the subject's best interest.

Voluntariness. An agreement to participate in research constitutes a valid consent only if voluntarily given. This element of informed consent requires conditions free of coercion and undue influence. Coercion occurs when an overt threat of harm is intentionally presented by one person to another in order to obtain compliance. Undue influence, by contrast, occurs through an offer of an excessive, unwarranted, inappropriate or improper reward or other overture in order to obtain compliance. Also, inducements that would ordinarily be acceptable may become undue influences if the subject is especially vulnerable.

Unjustifiable pressures usually occur when persons in positions of authority or commanding influence -- especially where possible sanctions are involved -- urge a course of action for a subject. A continuum of such influencing factors exists, however, and it is impossible to state precisely where justifiable persuasion ends and undue influence begins. But undue influence would include actions such as manipulating a person's choice through the controlling influence of a close relative and threatening to withdraw health services to which an individual would otherwise be entitled.

2. Assessment of Risks and Benefits. -- The assessment of risks and benefits requires a careful arrayal of relevant data, including, in some cases, alternative ways of obtaining the benefits sought in the research. Thus, the assessment presents both an opportunity and a responsibility to gather systematic and comprehensive information about proposed research. For the investigator, it is a means to examine whether the proposed research is properly designed. For a review committee, it is a method for determining whether the risks that will be presented to subjects are justified. For prospective subjects, the assessment will assist the determination whether or not to participate.

The Nature and Scope of Risks and Benefits. The requirement that research be justified on the basis of a favorable risk/benefit assessment bears a close relation to the principle of beneficence, just as the moral requirement that informed consent be obtained is derived primarily from the principle of respect for persons. The term "risk" refers to a possibility that harm may occur. However, when expressions such as "small risk" or "high risk" are used, they usually refer (often ambiguously) both to the chance (probability) of experiencing a harm and the severity (magnitude) of the envisioned harm.

The term "benefit" is used in the research context to refer to something of positive value related to health or welfare. Unlike, "risk," "benefit" is not a term that expresses probabilities. Risk is properly contrasted to probability of benefits, and benefits are properly contrasted with harms rather than risks of harm. Accordingly, so-called risk/benefit assessments are concerned with the probabilities and
magnitudes of possible harm and anticipated benefits. Many kinds of possible harms and benefits need to be taken into account. There are, for example, risks of psychological harm, physical harm, legal harm, social harm and economic harm and the corresponding benefits. While the most likely types of harms to research subjects are those of psychological or physical pain or injury, other possible kinds should not be overlooked.

Risks and benefits of research may affect the individual subjects, the families of the individual subjects, and society at large (or special groups of subjects in society). Previous codes and Federal regulations have required that risks to subjects be outweighed by the sum of both the anticipated benefit to the subject, if any, and the anticipated benefit to society in the form of knowledge to be gained from the research. In balancing these different elements, the risks and benefits affecting the immediate research subject will normally carry special weight. On the other hand, interests other than those of the subject may on some occasions be sufficient by themselves to justify the risks involved in the research, so long as the subjects' rights have been protected. Beneficence thus requires that we protect against risk of harm to subjects and also that we be concerned about the loss of the substantial benefits that might be gained from research.

**The Systematic Assessment of Risks and Benefits.** It is commonly said that benefits and risks must be "balanced" and shown to be "in a favorable ratio." The metaphorical character of these terms draws attention to the difficulty of making precise judgments. Only on rare occasions will quantitative techniques be available for the scrutiny of research protocols. However, the idea of systematic, nonarbitrary analysis of risks and benefits should be emulated insofar as possible. This ideal requires those making decisions about the justifiability of research to be thorough in the accumulation and assessment of information about all aspects of the research, and to consider alternatives systematically. This procedure renders the assessment of research more rigorous and precise, while making communication between review board members and investigators less subject to misinterpretation, misinformation and conflicting judgments. Thus, there should first be a determination of the validity of the presuppositions of the research; then the nature, probability and magnitude of risk should be distinguished with as much clarity as possible. The method of ascertaining risks should be explicit, especially where there is no alternative to the use of such vague categories as small or slight risk. It should also be determined whether an investigator's estimates of the probability of harm or benefits are reasonable, as judged by known facts or other available studies.

Finally, assessment of the justifiability of research should reflect at least the following considerations: (i) Brutal or inhumane treatment of human subjects is never morally justified. (ii) Risks should be reduced to those necessary to achieve the research objective. It should be determined whether it is in fact necessary to use human subjects at all. Risk can perhaps never be entirely eliminated, but it can often be reduced by careful attention to alternative procedures. (iii) When research involves significant risk of
serious impairment, review committees should be extraordinarily insistent on the justification of the risk (looking usually to the likelihood of benefit to the subject -- or, in some rare cases, to the manifest voluntariness of the participation). (iv) When vulnerable populations are involved in research, the appropriateness of involving them should itself be demonstrated. A number of variables go into such judgments, including the nature and degree of risk, the condition of the particular population involved, and the nature and level of the anticipated benefits. (v) Relevant risks and benefits must be thoroughly arrayed in documents and procedures used in the informed consent process.

3. Selection of Subjects. -- Just as the principle of respect for persons finds expression in the requirements for consent, and the principle of beneficence in risk/benefit assessment, the principle of justice gives rise to moral requirements that there be fair procedures and outcomes in the selection of research subjects.

Justice is relevant to the selection of subjects of research at two levels: the social and the individual. Individual justice in the selection of subjects would require that researchers exhibit fairness: thus, they should not offer potentially beneficial research only to some patients who are in their favor or select only "undesirable" persons for risky research. Social justice requires that distinction be drawn between classes of subjects that ought, and ought not, to participate in any particular kind of research, based on the ability of members of that class to bear burdens and on the appropriateness of placing further burdens on already burdened persons. Thus, it can be considered a matter of social justice that there is an order of preference in the selection of classes of subjects (e.g., adults before children) and that some classes of potential subjects (e.g., the institutionalized mentally infirm or prisoners) may be involved as research subjects, if at all, only on certain conditions.

Injustice may appear in the selection of subjects, even if individual subjects are selected fairly by investigators and treated fairly in the course of research. Thus injustice arises from social, racial, sexual and cultural biases institutionalized in society. Thus, even if individual researchers are treating their research subjects fairly, and even if IRBs are taking care to assure that subjects are selected fairly within a particular institution, unjust social patterns may nevertheless appear in the overall distribution of the burdens and benefits of research. Although individual institutions or investigators may not be able to resolve a problem that is pervasive in their social setting, they can consider distributive justice in selecting research subjects.

Some populations, especially institutionalized ones, are already burdened in many ways by their infirmities and environments. When research is proposed that involves risks and does not include a therapeutic component, other less burdened classes of persons should be called upon first to accept these risks of research, except where the research is directly related to the specific conditions of the class involved. Also, even though public funds for research may often flow in the same directions as
public funds for health care, it seems unfair that populations dependent on public health care constitute a pool of preferred research subjects if more advantaged populations are likely to be the recipients of the benefits.

One special instance of injustice results from the involvement of vulnerable subjects. Certain groups, such as racial minorities, the economically disadvantaged, the very sick, and the institutionalized may continually be sought as research subjects, owing to their ready availability in settings where research is conducted. Given their dependent status and their frequently compromised capacity for free consent, they should be protected against the danger of being involved in research solely for administrative convenience, or because they are easy to manipulate as a result of their illness or socioeconomic condition.

(1) Since 1945, various codes for the proper and responsible conduct of human experimentation in medical research have been adopted by different organizations. The best known of these codes are the Nuremberg Code of 1947, the Helsinki Declaration of 1964 (revised in 1975), and the 1971 Guidelines (codified into Federal Regulations in 1974) issued by the U.S. Department of Health, Education, and Welfare Codes for the conduct of social and behavioral research have also been adopted, the best known being that of the American Psychological Association, published in 1973.

(2) Although practice usually involves interventions designed solely to enhance the well-being of a particular individual, interventions are sometimes applied to one individual for the enhancement of the well-being of another (e.g., blood donation, skin grafts, organ transplants) or an intervention may have the dual purpose of enhancing the well-being of a particular individual, and, at the same time, providing some benefit to others (e.g., vaccination, which protects both the person who is vaccinated and society generally). The fact that some forms of practice have elements other than immediate benefit to the individual receiving an intervention, however, should not confuse the general distinction between research and practice. Even when a procedure applied in practice may benefit some other person, it remains an intervention designed to enhance the well-being of a particular individual or groups of individuals; thus, it is practice and need not be reviewed as research.

(3) Because the problems related to social experimentation may differ substantially from those of biomedical and behavioral research, the Commission specifically declines to make any policy determination regarding such research at this time. Rather, the Commission believes that the problem ought to be addressed by one of its successor bodies.
The Nuremburg Code

1. The voluntary consent of the human subject is absolutely essential.

   This means that the person involved should have legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved, as to enable him to make an understanding and enlightened decision. This latter element requires that, before the acceptance of an affirmative decision by the experimental subject, there should be made known to him the nature, duration, and purpose of the experiment; the method and means by which it is to be conducted; all inconveniences and hazards reasonably to be expected; and the effects upon his health or person, which may possibly come from his participation in the experiment.

   The duty and responsibility for ascertaining the quality of the consent rests upon each individual who initiates, directs or engages in the experiment. It is a personal duty and responsibility which may not be delegated to another with impunity.

2. The experiment should be such as to yield fruitful results for the good of society, unprocurable by other methods or means of study, and not random and unnecessary in nature.

3. The experiment should be so designed and based on the results of animal experimentation and a knowledge of the natural history of the disease or other problem under study, that the anticipated results will justify the performance of the experiment.

4. The experiment should be so conducted as to avoid all unnecessary physical and mental suffering and injury.
5. No experiment should be conducted, where there is an apriori reason to believe that death or disabling injury will occur; except, perhaps, in those experiments where the experimental physicians also serve as subjects.

6. The degree of risk to be taken should never exceed that determined by the humanitarian importance of the problem to be solved by the experiment.

7. Proper preparations should be made and adequate facilities provided to protect the experimental subject against even remote possibilities of injury, disability, or death.

8. The experiment should be conducted only by scientifically qualified persons. The highest degree of skill and care should be required through all stages of the experiment of those who conduct or engage in the experiment.

9. During the course of the experiment, the human subject should be at liberty to bring the experiment to an end, if he has reached the physical or mental state, where continuation of the experiment seemed to him to be impossible.

10. During the course of the experiment, the scientist in charge must be prepared to terminate the experiment at any stage, if he has probable cause to believe, in the exercise of the good faith, superior skill and careful judgement required of him, that a continuation of the experiment is likely to result in injury, disability, or death to the experimental subject.

The Tuskegee Timeline

The Study Begins
In 1932, the Public Health Service, working with the Tuskegee Institute, began a study to record the natural history of syphilis in hopes of justifying treatment programs for blacks. It was called the "Tuskegee Study of Untreated Syphilis in the Negro Male."

The study initially involved 600 black men – 399 with syphilis, 201 who did not have the disease. The study was conducted without the benefit of patients' informed consent. Researchers told the men they were being treated for "bad blood," a local term used to describe several ailments, including syphilis, anemia, and fatigue. In truth, they did not receive the proper treatment needed to cure their illness. In exchange for taking part in the study, the men received free medical exams, free meals, and burial insurance. Although originally projected to last 6 months, the study actually went on for 40 years.

What Went Wrong?
In July 1972, an Associated Press story about the Tuskegee Study caused a public outcry that led the Assistant Secretary for Health and Scientific Affairs to appoint an Ad Hoc Advisory Panel to review the study. The panel had nine

1895
Booker T. Washington at the Atlanta Cotton Exposition, outlines his dream for black economic development and gains support of northern philanthropists, including Julius Rosenwald (President of Sears, Roebuck and Company).

1900
Tuskegee educational experiment gains widespread support. Rosenwald Fund provides monies to develop schools, factories, businesses, and agriculture.

1915
Booker T. Washington dies; Robert Motin continues work.

1926
Health is seen as inhibiting development and major health initiative is started. Syphilis is seen as major health problem. Prevalence of 35 percent observed in reproductive age population.

1929
Aggressive treatment approach initiated with mercury and bismuth. Cure rate is less than 30 percent; treatment requires months and side effects are toxic, sometimes fatal.

"Wall Street Crash"—economic depression begins.

1931
Rosenwald Fund cuts support to development projects. Clark and Vondelehr decide to follow men left untreated due to lack of funds in order to show need for treatment program.

1932
Follow-up effort organized into study of 399 men with syphilis and 201 without. The men would be given periodic physical assessments and told they were being treated. Motin agrees to support study if "Tuskegee Institute gets its full share of the credit" and black professionals are involved (Dr. Dibble and Nurse Rivers are assigned to study).

1934
First papers suggest health effects of untreated syphilis.

1936
Major paper published. Study criticized because it is not known if men are being treated. Local physicians asked to assist with study and not to treat men. Decision was made to follow the men until death.

1940
Efforts made to hinder men from getting treatment ordered under the military draft effort.

1945
Penicillin accepted as treatment of choice for syphilis.
members from the fields of medicine, law, religion, labor, education, health administration, and public affairs.

The panel found that the men had agreed freely to be examined and treated. However, there was no evidence that researchers had informed them of the study or its real purpose. In fact, the men had been misled and had not been given all the facts required to provide informed consent.

The men were never given adequate treatment for their disease. Even when penicillin became the drug of choice for syphilis in 1947, researchers did not offer it to the subjects. The advisory panel found nothing to show that subjects were ever given the choice of quitting the study, even when this new, highly effective treatment became widely used.

The Study Ends and Reparation Begins

The advisory panel concluded that the Tuskegee Study was "ethically unjustified"--the knowledge gained was sparse when compared with the risks the study posed for its subjects. In October 1972, the panel advised stopping the study at once. A month later, the Assistant Secretary for Health and Scientific Affairs announced the end of the Tuskegee Study.

In the summer of 1973, a class-action lawsuit was filed on behalf of the study participants and their families. In 1974, a $10 million out-of-court settlement was reached and the U.S. government promised to give lifetime medical benefits and burial services to all living participants. The Tuskegee Health Benefit Program (THBP) was established to provide these services.

1947
USPHS establishes "Rapid Treatment Centers" to treat syphilis; men in study are not treated, but syphilis declines.

1962
Beginning in 1947, 127 black medical students are rotated through unit doing the study.

1968
Concern raised about ethics of study by Peter Buxtun and others.

1969
CDC reaffirms need for study and gains local medical societies' support (AMA and NMA chapters officially support continuation of study).

1972
First news articles condemn studies.

1973
Congress holds hearings and a class-action lawsuit is filed on behalf of the study participants.

1974
A $10 million out-of-court settlement is reached and the U.S. government promised to give lifetime medical benefits and burial services to all living participants. The Tuskegee Health Benefit Program (THBP) was established to provide these services.

1975
Wives, widows and offspring were added to the program.

1995
The program was expanded to include health as well as medical benefits.

1997
On May 16th President Clinton apologizes on behalf of the Nation.

1999
Tuskegee University National Center for Bioethics in Research and Health Care hosts 1st Annual Commemoration of the Presidential Apology.

2001
President's Council on Bioethics was established.

2004
CDC funds 10 million dollar cooperative agreement to continue work at Tuskegee University National Center for Bioethics in Research and Health Care.
court settlement was reached. As part of the settlement, the U.S. government promised to give lifetime medical benefits and burial services to all living participants. The Tuskegee Health Benefit Program (THBP) was established to provide these services. In 1975, wives, widows and offspring were added to the program. In 1995, the program was expanded to include health as well as medical benefits. The Centers for Disease Control and Prevention was given responsibility for the program, where it remains today in the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. The last study participant died in January 2004. The last widow receiving THBP benefits died in January 2009. There are 15 offspring currently receiving medical and health benefits.

2004
The last U.S. Public Health Service Syphilis Study at Tuskegee participant dies on January 16.

2006
Tuskegee University holds formal opening of Bioethics Center.

2007
CDC hosts Commemorating and Transforming the Legacy of the United States Public Health Service (USPHS) Syphilis Study at Tuskegee.

2009
The last widow receiving THBP benefits dies on January 27.
Tuskegee Syphilis Study

The Tuskegee Syphilis Study or, to give it its full name, the Tuskegee Study of Untreated Syphilis in the Negro Male, was a notorious clinical study that has become a byword for racist and unethical medical experimentation. It ran from 1932 to 1972 and involved nearly 400 impoverished and poorly educated African-American men diagnosed with latent syphilis - meaning that they had the infection but showed no obvious symptoms at that stage. For 40 years they were never told they had syphilis and were never treated for it, even when penicillin became a standard cure in 1947. They were simply told they had ‘bad blood’. Among the aims of the study was to see whether syphilis affected black men differently from white men.

For participating in the study, the men received free rides to and from the clinic at Tuskegee University, Alabama. There they were given hot meals and free medical treatment for minor ailments. Any treatments they thought they were also getting for their ‘bad blood’ were actually placebos, aspirin or mineral supplements. Medical staff allowed nothing to interfere with their work. Even when 250 of the men were drafted for service in the Second World War, strings were pulled to ensure that they remained part of the study instead.

When the study ended in 1972 following a public outcry, only 74 of the original participants were still alive. Twenty-eight men had died of the disease and a further hundred or so of related complications. Forty wives had been infected and 19 children had been born with congenital syphilis. Survivors eventually received financial compensation and in 1997 US President Bill Clinton was moved to declare that ‘on behalf of the American people, what the United States government did was shameful’.
About the USPHS Syphilis Study

Where the Study Took Place

The study took place in Macon County, Alabama, the county seat of Tuskegee referred to as the "Black Belt" because of its rich soil and vast number of black sharecroppers who were the economic backbone of the region. The research itself took place on the campus of Tuskegee Institute.

What it Was Designed to Find Out

The intent of the study was to record the natural history of syphilis in Blacks. The study was called the "Tuskegee Study of Untreated Syphilis in the Negro Male." When the study was initiated there were no proven treatments for the disease. Researchers told the men participating in the study that they were to be treated for "bad blood." This term was used locally by people to describe a host of diagnosable ailments including but not limited to anemia, fatigue, and syphilis.

Who Were the Participants

A total of 600 men were enrolled in the study. Of this group 399, who had syphilis were a part of the experimental group and 201 were control subjects. Most of the men were poor and illiterate sharecroppers from the county.

What the Men Received in Exchange for Participation

The men were offered what most Negroes could only dream of in terms of medical care and survivors insurance. They were enticed and enrolled in the study with incentives including: medical exams, rides to and from the clinics, meals on examination days, free treatment for minor ailments and guarantees that provisions would be made after their deaths in terms of burial stipends paid to their survivors.

Treatment Withheld

There were no proven treatments for syphilis when the study began. When penicillin became the standard treatment for the disease in 1947 the medicine was withheld as a part of the treatment for both the experimental group and control group.

How/Why the Study Ended

On July 25, 1972 Jean Heller of the Associated Press broke the story that appeared simultaneously both in New York and Washington, that there had been a 40-year nontherapeutic experiment called "a study" on the effects of untreated syphilis on Black men in the rural south.
Between the start of the study in 1932 and 1947, the date when penicillin was determined as a cure for the disease, dozens of men had died and their wives, children and untold number of others had been infected. This set into motion international public outcry and a series of actions initiated by U.S. federal agencies. The Assistant Secretary for Health and Scientific Affairs appointed an Ad Hoc Advisory Panel, comprised of nine members from the fields of health administration, medicine, law, religion, education, etc. to review the study.

While the panel concluded that the men participated in the study freely, agreeing to the examinations and treatments, there was evidence that scientific research protocol routinely applied to human subjects was either ignored or deeply flawed to ensure the safety and well-being of the men involved. Specifically, the men were never told about or offered the research procedure called informed consent. Researchers had not informed the men of the actual name of the study, i.e. "Tuskegee Study of Untreated Syphilis in the Negro Male," its purpose, and potential consequences of the treatment or non-treatment that they would receive during the study. The men never knew of the debilitating and life threatening consequences of the treatments they were to receive, the impact on their wives, girlfriends, and children they may have conceived once involved in the research. The panel also concluded that there were no choices given to the participants to quit the study when penicillin became available as a treatment and cure for syphilis.

Reviewing the results of the research the panel concluded that the study was "ethically unjustified." The panel articulated all of the above findings in October of 1972 and then one month later the Assistant Secretary for Health and Scientific Affairs officially declared the end of the Tuskegee Study.

Class-Action Suit

In the summer of 1973, Attorney Fred Gray filed a class-action suit on behalf of the men in the study, their wives, children and families. It ended a settlement giving more than $9 million to the study participants.

The Role of the US Public Health Service

In the beginning of the 20th Century, the U.S. Public Health Service (PHS) was entrusted with the responsibility to monitor, identify trends in the heath of the citizenry, and develop interventions to treat disease, ailments and negative trends adversely impacting the health and wellness of Americans. It was organized into sections and divisions including one devoted to venereal diseases. All sections of the PHS conducted scientific research involving human beings. The research standards were for their times adequate, by comparison to today's standards dramatically different and influenced by the professional and personal biases of the people leading the PHS. Scientists believed that few people outside of the scientific community could comprehend the complexities of research from the nature of the scientific experiments to the consent involved in becoming a research subject. These sentiments were particularly true about the poor and uneducated Black community.

The PHS began working with Tuskegee Institute in 1932 to study hundreds of black men with syphilis from Macon County, Alabama.
Compensation for Participants

As part of the class-action suit settlement, the U.S. government promised to provide a range of free services to the survivors of the study, their wives, widows, and children. All living participants became immediately entitled to free medical and burial services. These services were provided by the Tuskegee Health Benefit Program, which was and continues to be administered by the Centers for Disease Control and Prevention in their National Center for HIV, STD and TB Prevention.

1996 Tuskegee Legacy Committee

In February of 1994 at the Claude Moore Health Sciences Library in Charlottesville, VA, a symposium was held entitled "Doing Bad in the Name of Good?: The Tuskegee Syphilis Study and Its Legacy." Resulting from this gathering was the creation of the Tuskegee Syphilis Study Legacy Committee which met for the first time in January 18th & 19th of 1996. The committee had two goals; (1) to persuade President Clinton to apologize on behalf of the government for the atrocities of the study and (2) to develop a strategy to address the damages of the study to the psyche of African-Americans and others about the ethical behavior of government-led research; rebuilding the reputation of Tuskegee through public education about the study, developing a clearinghouse on the ethics of scientific research and scholarship and assembling training programs for health care providers. After intensive discussions, the Committee's final report in May of 1996 urged President Clinton to apologize for the emotional, medical, research and psychological damage of the study. On May 16th at a White House ceremony attended by the men, members of the Legacy Committee and others representing the medical and research communities, the apology was delivered to the surviving participants of the study and families of the deceased.
Infamous Cases to Consider from the History of Psychology

Rethinking One of Psychology's Most Infamous Experiments

In the 1960s, Stanley Milgram’s electric-shock studies showed that people will obey even the most abhorrent of orders. But recently, researchers have begin to question his conclusions—and offer some of their own.

In 1961, Yale University psychology professor Stanley Milgram placed an advertisement in the New Haven Register. “We will pay you $4 for one hour of your time,” it read, asking for “500 New Haven men to help us complete a scientific study of memory and learning.”

Only part of that was true. Over the next two years, hundreds of people showed up at Milgram’s lab for a learning and memory study that quickly turned into something else entirely. Under the watch of the experimenter, the volunteer—dubbed “the teacher”—would read out strings of words to his partner, “the learner,” who was hooked up to an electric-shock machine in the other room. Each time the learner made a mistake in repeating the words, the teacher was to deliver a shock of increasing intensity, starting at 15 volts (labeled “slight shock” on the machine) and going all the way up to 450 volts (“Danger: severe shock”). Some people, horrified at what they were asked to do, stopped the experiment early, defying their supervisor’s urging to go on; others continued up to 450 volts, even as the learner pled for mercy, yelled a warning about his heart condition—and then fell alarmingly silent. In the most well-known variation of the experiment, a full 65 percent of people went all the way.

Until they emerged from the lab, the participants didn’t know that the shocks weren’t real, that the cries of pain were pre-recorded, and that the learner—railroad auditor Jim McDonough—was in on the whole thing, sitting alive and unharmed in the next room. They were also unaware that they had just been used to prove the claim that would soon make Milgram famous: that ordinary people, under the direction of an authority figure, would obey just about any order they were given, even to torture. It’s a phenomenon that’s been used to explain atrocities from the Holocaust to the Vietnam War’s My Lai massacre to the abuse of prisoners at Abu Ghraib. “To a remarkable degree,” Peter Baker wrote in Pacific Standard in 2013, “Milgram’s early research has come to serve as a kind of all-purpose lightning rod for discussions about the human heart of darkness.”

Others continued shocking even as the victim pled for mercy, yelled a warning about his heart condition—and then fell alarmingly silent.

In some ways, though, Milgram’s study is also—as promised—a study of memory, if not the one he pretended it was.
More than five decades after it was first published in the *Journal of Abnormal and Social Psychology* in 1963, it’s earned a place as one of the most famous experiments of the 20th century. Milgram’s research has spawned countless spinoff studies among psychologists, sociologists, and historians, even as it’s leapt from academia into the realm of pop culture. It’s inspired songs by Peter Gabriel (lyrics: “We do what we’re told/We do what we’re told/Told to do”) and Dar Williams (“When I knew it was wrong, I played it just like a game/I pressed the buzzer”); a number of books whose titles make puns out of the word “shocking”; a controversial French documentary disguised as a *game show*; episodes of *Law and Order* and *Bones*; a made-for-TV movie with William Shatner; a *jewelry collection* (bizarrely) from the company Enfants Perdus; and most recently, the biopic *The Experimenter*, starring Peter Sarsgaard as the title character—and this list is by no means exhaustive.

But as with human memory, the study—even published, archived, enshrined in psychology textbooks—is malleable. And in the past few years, a new wave of researchers have dedicated themselves to reshaping it, arguing that Milgram’s lessons on human obedience are, in fact, misremembered—that his work doesn’t prove what he claimed it does.

The problem is, no one can really agree on what it proves instead.

* * *

To mark the 50th anniversary of the experiments’ publication (or, technically, the 51st), the *Journal of Social Issues* released a *themed edition* in September 2014 dedicated to all things Milgram. “There is a compelling and timely case for reexamining Milgram’s legacy,” the editors wrote in the introduction, noting that they were in good company: In 1964, the year after the experiments were published, fewer than 10 published studies referenced Milgram’s work; in 2012, that number was more than 60.

It’s a trend that surely would have pleased Milgram, who crafted his work with an audience in mind from the beginning. “Milgram was a fantastic dramaturg. His studies are fantastic little pieces of theater. They’re beautifully scripted,” said Stephen Reicher, a professor of psychology at the University of St. Andrews and a co-editor of the *Journal of Social Issues*’ special edition. Capitalizing on the fame his 1963 publication earned him, Milgram went on to publish a book on his experiments in 1974 and a documentary, *Obedience*, with footage from the original experiments.

"His studies are fantastic little pieces of theater. They’re beautifully scripted."

But for a man determined to leave a lasting legacy, Milgram also made it remarkably easy for people to pick it apart. The Yale University archives contain boxes upon boxes of papers, videos, and audio recordings, an entire career carefully documented for posterity. Though Milgram’s widow Alexandra donated the materials after his death in 1984, they remained largely untouched for years, until Yale’s library staff began to digitize all the materials in the early 2000s. Able to easily access troves of material for the first time, the researchers came flocking.

“There’s a lot of dirty laundry in those archives,” said Arthur Miller, a professor emeritus of psychology at Miami University and another co-editor of the *Journal of Social Issues*. “Critics of Milgram seem to want to—and do—find material in these archives that makes Milgram look bad or unethical or, in some cases, a liar.”
One of the most vocal of those critics is Australian author and psychologist Gina Perry, who documented her experience tracking down Milgram’s research participants in her 2013 book *Behind the Shock Machine: The Untold Story of the Notorious Milgram Psychology Experiments*. Her project began as an effort to write about the experiments from the perspective of the participants—but when she went back through the archives to confirm some of their stories, she said, she found some glaring issues with Milgram’s data. Among her accusations: that the supervisors went off script in their prods to the teachers, that some of the volunteers were aware that the setup was a hoax, and that others weren’t debriefed on the whole thing until months later. “My main issue is that methodologically, there have been so many problems with Milgram’s research that we have to start re-examining the textbook descriptions of the research,” she said.

But many psychologists argue that even with methodological holes and moral lapses, the basic finding of Milgram’s work, the rate of obedience, still holds up. Because of the ethical challenge of reproducing the study, the idea survived for decades on a mix of good faith and partial replications—one study had participants administer their shocks in a virtual-reality system, for example—until 2007, when ABC collaborated with Santa Clara University psychologist Jerry Burger to replicate Milgram’s experiment for an episode of the TV show *Basic Instincts* titled “The Science of Evil,” pegged to Abu Ghraib.

"For years I had heard from my students, 'Well, that was back in the 1960s. People have changed.'"

Burger’s way around an ethical breach: In the most well-known experiment, he found, 80 percent of the participants who reached a 150-volt shock continued all the way to the end. “So what I said we could do is take people up to the 150-volt point, see how they reacted, and end the study right there,” he said. The rest of the setup was nearly identical to Milgram’s lab of the early 1960s (with one notable exception: “Milgram had a gray lab coat and I couldn’t find a gray, so I got a light blue.”)

At the end of the experiment, Burger was left with an obedience rate around the same as the one Milgram had recorded—proving, he said, not only that Milgram’s numbers had been accurate, but that his work was as relevant as ever. “[The results] didn’t surprise me,” he said, “but for years I had heard from my students and from other people, ‘Well, that was back in the 60s, and somehow how we’re more aware of the problems of blind obedience, and people have changed.’”

In recent years, though, much of the attention has focused less on supporting or discrediting Milgram’s statistics, and more on rethinking his conclusions. With a paper published earlier this month in the *British Journal of Social Psychology*, Matthew Hollander, a sociology Ph.D. candidate at the University of Wisconsin, is among the most recent to question Milgram’s notion of obedience. After analyzing the conversation patterns from audio recordings of 117 study participants, Hollander found that Milgram’s original classification of his subjects—either obedient or disobedient—failed to capture the true dynamics of the situation. Rather, he argued, people in both categories tried several different forms of protest—those who successfully ended the experiment early were simply better at resisting than the ones that continued shocking.

“Research subjects may say things like ‘I can’t do this anymore’ or ‘I’m not going to do this anymore,’” he said, even those who went all the way to 450 volts. “I understand those practices to be a way of trying to stop the experiment in a relatively aggressive, direct, and explicit way.”
It’s a far cry from Milgram’s idea that the capacity for evil lies dormant in everyone, ready to be awakened with the right set of circumstances. The ability to disobey toxic orders, Hollander said, is a skill that can be taught like any other—all a person needs to learn is what to say and how to say it.

* * *

In some ways, the conclusions Milgram drew were as much a product of their time as they were a product of his research. At the time he began his studies, the trial of Adolf Eichmann, one of the major architects of the Holocaust, was already in full swing. In 1963, the same year that Milgram published his studies, writer Hannah Arendt coined the phrase “the banality of evil” to describe Eichmann in her book on the trial, *Eichmann in Jerusalem*.

The ability to disobey toxic orders is a skill that can be learned like any other—all a person needs to learn is what to say.

Milgram, who was born in New York City in 1933 to Jewish immigrant parents, came to view his studies as a validation of Arendt’s idea—but the Holocaust had been at the forefront of his mind for years before either of them published their work. “I should have been born into the German-speaking Jewish community of Prague in 1922 and died in a gas chamber some 20 years later,” he wrote in a letter to a friend in 1958. “How I came to be born in the Bronx Hospital, I’ll never quite understand.”

And in the introduction of his 1963 paper, he invoked the Nazis within the first few paragraphs: “Obedience, as a determinant of behavior, is of particular relevance to our time,” he wrote. “Gas chambers were built, death camps were guarded; daily quotas of corpses were produced … These inhumane policies may have originated in the mind of a single person, but they could only be carried out on a massive scale if a very large number of persons obeyed orders.”

Though the term didn’t exist at the time, Milgram was a proponent of what today’s social psychologists call situationism: the idea that people’s behavior is determined largely by what’s happening around them. “They’re not psychopaths, and they’re not hostile, and they’re not aggressive or deranged. They’re just people, like you and me,” Miller said. “If you put us in certain situations, we’re more likely to be racist or sexist, or we may lie, or we may cheat. There are studies that show this, thousands and thousands of studies that document the many unsavory aspects of most people.”

But continued to its logical extreme, situationism “has an exonerating effect,” he said. “In the minds of a lot of people, it tends to excuse the bad behavior ... it’s not the person’s fault for doing the bad thing, it’s the situation they were put in.” Milgram’s studies were famous because their implications were also devastating: If the Nazis were just following orders, then he had proved that anyone at all could be a Nazi. If the guards at Abu Ghraib were just following orders, then anyone was capable of torture.

The latter, Reicher said, is part of why interest in Milgram’s work has seen a resurgence in recent years. “If you look at acts of human atrocity, they’ve hardly diminished over time,” he said, and news of the abuse at Abu Ghraib was surfacing around the same time that Yale’s archival material was digitized, a perfect storm of encouragement for scholars to turn their attention once again to the question of what causes evil.

If the Nazis were just following orders, then he had just proved that anyone at all could be a Nazi.
He and his colleague Alex Haslam, the third co-editor of *The Journal of Social Issues*’ Milgram edition and a professor of psychology at the University of Queensland, have come up with a different answer. “The notion that we somehow automatically obey authority, that we are somehow programmed, doesn’t account for the variability [in rates of obedience] across conditions,” he said; in some iterations of Milgram’s study, the rate of compliance was close to 100 percent, while in others it was closer to zero. “We need an account that can explain the variability—when we obey, when we don’t.”

“We argue that the answer to that question is a matter of identification,” he continued. “Do they identify more with the cause of science, and listen to the experimenter as a legitimate representative of science, or do they identify more with the learner as an ordinary person? ... You’re torn between these different voices. Who do you listen to?”

The question, he conceded, applies as much to the study of Milgram today as it does to what went on in his lab. “Trying to get a consensus among academics is like herding cats,” Reicher said, but “if there is a consensus, it’s that we need a new explanation. I think nearly everybody accepts the fact that Milgram discovered a remarkable phenomenon, but he didn’t provide a very compelling explanation of that phenomenon.”

What he provided instead was a difficult and deeply uncomfortable set of questions—and his research, flawed as it is, endures not because it clarifies the causes of human atrocities, but because it confuses more than it answers.

Or, as Miller put it: “The whole thing exists in terms of its controversy, how it’s excited some and infuriated others. People have tried to knock it down, and it always comes up standing.”
Welcome to the official Stanford Prison Experiment website, which features extensive information about a classic psychology experiment that inspired an award-winning movie (opening in theaters July 17, 2015), New York Times bestseller, and documentary DVD.

The Stanford Prison Experiment Official Trailer

WHAT HAPPENS WHEN YOU PUT GOOD PEOPLE IN AN EVIL PLACE? DOES HUMANITY WIN OVER EVIL, OR DOES EVIL TRIUMPH? THESE ARE SOME OF THE QUESTIONS WE POSED IN THIS DRAMATIC SIMULATION OF PRISON LIFE CONDUCTED IN 1971 AT STANFORD UNIVERSITY.

"How we went about testing these questions and what we found may astound you. Our planned two-week investigation into the psychology of prison life had to be ended after only six days because of what the situation was doing to the college students who participated. In only a few days, our guards became sadistic and our prisoners became depressed and showed signs of extreme stress. Please read the story of what happened and what it tells us about the nature of human nature."

—Professor Philip G. Zimbardo
Demonstrating the Power of Social Situations via a Simulated Prison Experiment

In 1971, a team of psychologists designed and executed an unusual experiment that used a mock prison setting, with college students role-playing prisoners and guards to test the power of the social situation to determine behavior. The research, known as the Stanford Prison Experiment, has become a classic demonstration of situational power to influence individual attitudes, values and behavior. So extreme, swift and unexpected were the transformations of character in many of the participants that this study -- planned to last two-weeks -- had to be terminated by the sixth day.

Findings

A person-centered analysis of human behavior attributes most behavior change, in positive or negative directions, to internal, dispositional features of individuals. The factors commonly believed to direct behavior are to be found in the operation of genes, temperament, personality traits, personal pathologies and virtues. A situation-centered approach, in contrast, focuses on factors external to the person, to the behavioral context in which individuals are functioning. Although human behavior is almost always a function of the interaction of person and situation, social psychologists have called attention to the attributional biases in much of psychology and among the general public that overestimates the importance of dispositional factors while underestimating situational factors. This "fundamental attribution error" they argue, leads to a misrepresentation of both causal determinants and means for modifying undesirable behavior patterns. Research by social psychologist Stanley Milgram, PhD, (1974; see also Blass, 1999) was one of the earliest demonstrations of the extent to which a large sample of ordinary American citizens could be led to blindly obey unjust authority in delivering extreme levels of shock to an innocent "victim."

The Stanford Prison Experiment extended that analysis to demonstrate the surprisingly profound impact of institutional forces on the behavior of normal, healthy participants. Philip Zimbardo, PhD, and his research team of Craig Haney, Curtis Banks, David Jaffe, and ex convict consultant, Carlo Prescott (Zimbardo, Haney, Banks, & Jaffe, 1973) designed a study that separated the usual dispositional factors among correctional personnel and prisoners from the situational factors that characterize many prisons. They wanted to determine what prison-like settings bring out in people that are not confounded by what people bring into prisons. They sought to discover to what extent the violence and anti-social behaviors often found in prisons can be traced to the "bad apples" that go into prisons or to the "bad barrels" (the prisons themselves) that can corrupt behavior of even ordinary, good people.

The study was conducted this way: College students from all over the United States who answered a city newspaper ad for participants in a study of prison life were personally interviewed, given a battery of personality tests, and completed background surveys that enabled the researchers to pre-select only
those who were mentally and physically healthy, normal and well adjusted. They were randomly assigned to role-play either prisoners or guards in the simulated prison setting constructed in the basement of Stanford University’s Psychology Department. The prison setting was designed as functional simulation of the central features present in the psychology of imprisonment (Zimbardo, Maslach, & Haney, 1999). Read a full description of the methodology, chronology of daily events and transformations of human character that were revealed.

The major results of the study can be summarized as: many of the normal, healthy mock prisoners suffered such intense emotional stress reactions that they had to be released in a matter of days; most of the other prisoners acted like zombies totally obeying the demeaning orders of the guards; the distress of the prisoners was caused by their sense of powerlessness induced by the guards who began acting in cruel, dehumanizing and even sadistic ways. The study was terminated prematurely because it was getting out of control in the extent of degrading actions being perpetrated by the guards against the prisoners - all of whom had been normal, healthy, ordinary young college students less than a week before.

**Significance**

The Stanford Prison Experiment has become one of psychology’s most dramatic illustrations of how good people can be transformed into perpetrators of evil, and healthy people can begin to experience pathological reactions - traceable to situational forces. Its messages have been carried in many textbooks in the social sciences, in classroom lectures across many nations, and in popular media renditions. Its web site has gotten over 15 million unique page views in the past four years, and more than a million a week in the weeks following the expose of the abuse of Iraqi prisoners by American Military Police army reservists in Abu Ghraib Prison.

**Practical Application**

The lessons of the Stanford Prison Experiment have gone well beyond the classroom (Haney & Zimbardo, 1998). Zimbardo was invited to give testimony to a Congressional Committee investigating the causes of prison riots (Zimbardo, 1971), and to a Senate Judiciary Committee on crime and prisons focused on detention of juveniles (Zimbardo, 1974). Its chair, Senator Birch Bayh, prepared a new law for federal prisons requiring juveniles in pre-trial detention to be housed separately from adult inmates (to prevent their being abused), based on the abuse reported in the Stanford Prison Experiment of its juveniles in the pre-trial detention facility of the Stanford jail.

A video documentary of the study, "Quiet Rage: the Stanford Prison Experiment," has been used extensively by many agencies within the civilian and military criminal justice system, as well as in shelters for abused women. It is also used to educate role-playing military interrogators in the Navy SEAR program (SURVIVAL, EVASION, and RESISTANCE) on the potential dangers of abusing their power against others who role-playing pretend spies and terrorists (Zimbardo, Personal communication, fall, 2003, Annapolis Naval College psychology staff).
The eerily direct parallels between the sadistic acts perpetrated by the Stanford Prison Experiment guard
and the Abu Ghraib Prison guards, as well as the conclusions about situational forces dominating
dispositional aspects of the guards' abusive behavior have propelled this research into the national
dialogue. It is seen as a relevant contribution to understanding the multiple situational causes of such
aberrant behavior. The situational analysis of the Stanford Prison Experiment redirects the search for
blame from an exclusive focus on the character of an alleged "few bad apples" to systemic abuses that
were inherent in the "bad barrel" of that corrupting prison environment.

Cited Research
NJ: Erlbaum.


Zimbardo, P. G. (1971). The power and pathology of imprisonment. Congressional Record. (Serial No. 15,
October 25, 1971). Hearings before Subcommittee No. 3, of the Committee on the Judiciary, House of
Representatives, Ninety-Second Congress, First Session on Corrections, Part II, Prisons, Prison Reform

Zimbardo, P. G. (1974). The detention and jailing of juveniles (Hearings before U. S. Senate Committee
on the Judiciary Subcommittee to Investigate Juvenile Delinquency, 10, 11, 17, September, 1973).

Zimbardo, P. G., Haney, C., Banks, W. C., & Jaffe, D. (1973, April 8). The mind is a formidable jailer: A

Genesis, transformations, consequences. In T. Blass (Ed.), Obedience to Authority: Current Perspectives

American Psychological Association, June 8, 2004