

REF ID: *DOE-Chicago Sp. Center*
FOR Human Health
COMMITTEE ON *CHIR. Radiation DEC.*

BOX No *26E2*
INVESTIGATION
FOI No *Human Use Ethic*

DRAFT II
Marks/bel
5/10/74

PATIENTS INJECTED WITH RADIATION

The attached table provides a summary of certain information regarding disclosure to HHS of the results of a recently completed inquiry.

The following recommendations and administrative decisions were formulated at a meeting of the Committee on Chir. Radiation, DOE, on 5/10/74.

1. Attending physicians of the hospital should be advised of the medical need to provide medical care to the patient. The appropriate physician would be expected to take the necessary steps to ensure that the patient's health and safety are protected. The possibility of a future use of this case in 1975 is noted. The Director, EPP, should be kept informed of any developments in the patient's case.
2. The patient should be provided appropriate medical care without at government expense.
3. Studies should be conducted to determine the need for a special program for compliance with the requirements of the Agency for Laboratory Personnel Safety (ALPS) involving human subjects. Proper informed consent should be obtained from all participants.
4. Disclosure of all information to the next of kin of the patient.
5. A scientific committee, headed by the Director, EPP, shall review the program of studies of the patient and shall advise the DOE on the need for staff and other resources for the program for radiation at an appropriate time.
6. Next of kin should be advised of the need for information and be contacted as to the need for any further action.

received during previous discussion. Such interviews shall be deferred until decision of committee in 5. is available. If AEC decides to continue exhumation program, reaffirmation of consent may be required.

7. All reasonable efforts shall be made to contact next of kin of all deceased unless the Director, BER, determines on the basis of the next of kin's health that disclosure should not be made.
8. Unless indicated by problems that might arise in the implementation of the above program or by future events, outside review will not be requested.
9. With a public response statement already available, decision regarding public release will be deferred. Such release may be considered desirable in relation to July meeting of International Congress for Radiation Research.
10. Projected program as approved by Commission shall be discussed with DOD.

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INQUIRY FINDINGS CONCERNING DISCLOSURE TO PATIENTS

Patient	Date of Injection	Status	Disclosure	
Rochester	HP-1	10-16-45	Dead	Unknown ^a
"	HP-2	10-23-45	Dead	"
"	HP-3	11-27-45	Alive, studied	"
"	HP-4	11-27-45	Exhumed	"
"	HP-5	11-30-45	Dead	"
"	HP-6	2-1-46	Alive, studied	"
"	HP-7	2-8-46	Dead	"
"	HP-8	3-9-46	Alive, not studied	"
"	HP-9	4-3-46	Dead	"
"	HP-10	7-16-46	Lost to follow-up	"
"	HP-11	2-20-46	Dead	"
Oak Ridge	HP-12	4-10-45	Lost to follow-up	No disclosure
Chicago	CHI-1	4-26-45	Dead	Probable disclosure with witnesses ^b
"	CHI-2	12-27-45	Dead	"
"	CHI-3	12-27-45	Dead	"
San Francisco	CAL-1	5-14-45	Dead	Presumptive limited disclosure ^c
"	CAL-2	4-26-46	Dead	"
"	CAL-3	7-18-47	Alive, studied	Disclosure with signatures of witnesses
"	CAL-A (Americium)	6-10-47	Dead	Unknown ^d

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a - Status of disclosure to patients unknown because of death of physician in charge of project. Presumption that disclosure occurred may be based on report of disclosure in a similar study at Rochester.

b - Chemist present during injections said that he and nurse were witnesses to disclosure to patients and to their agreement to receive injections that might benefit others more than themselves. Physician said that he did not remember events.

c - Deceased physician responsible for study of these patients told Dr. Shields Warren in 1947 that patients were informed of injection of new substance that might control growth processes. Physician whose name appears in hospital records in relation to special radioactivity studies said that he did not remember events.

d - All physicians involved in care and study of patient are dead. No evidence of disclosure to patient (minor) or his guardian.