

# Reconsidering the Terminology: Study Participants as “Subjects” or Not?

Jeff Clyde Corpuz, PhD

Department of Theology and Religious Education, De La Salle University, Manila, Philippines.

Substance Abuse: Research and Treatment

Volume 17: 1

© The Author(s) 2023

Article reuse guidelines:

sagepub.com/journals-permissions

DOI: 10.1177/11782218231217783



**ABSTRACT:** The article highlights the importance of semantics in shaping our perception of this relationship and the ethical, psychological, and practical dimensions of conducting research on human beings. The term “subjects” implies passivity and contradicts the principles of informed consent and participant autonomy, whereas research physicians often maintain a similar patient-physician relationship with participants. The article suggests that adopting more appropriate terminology, such as “participants” or “volunteers,” can better acknowledge their active role and foster collaboration. The author emphasizes that language in scientific discourse plays a significant role in upholding ethical principles and preserving the unique physician-participant relationship in clinical research.

**KEYWORDS:** Patient, subject, participants

**RECEIVED:** November 2, 2023. **ACCEPTED:** November 10, 2023.

**TYPE:** Letter to the Editor

**FUNDING:** The author received no financial support for the research, authorship, and/or publication of this article.

**DECLARATION OF CONFLICTING INTERESTS:** The author declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

**CORRESPONDING AUTHOR:** Jeff Clyde G Corpuz, Department of Theology and Religious Education, College of Liberal Arts, De La Salle University, 2401 Taft Ave, Manila, Metro Manila 1004, Philippines. Email: jeff.corpuz@dlsu.edu.ph

In a recently published perspective article in *Substance Abuse: Research and Treatment*, Weiss discussed that the longstanding and widely accepted term has been “subjects” when referring to those individuals who voluntarily participate in various studies and experiments.<sup>1</sup> While this label may seem innocuous and even conventional, a growing perspective within the scientific community challenges its appropriateness.<sup>2</sup> The central argument, as presented in this perspective piece, asserts that the term “subjects” inadequately captures the essence of the relationship between study physicians and participants, suggesting that it still preserves many elements of the traditional patient-physician rapport found in general clinical practice.<sup>1</sup> In this thought-provoking discourse, the author, a research physician at the National Institute on Drug Abuse (NIDA) Intramural Research Program, discusses the unique and complex relationship between study physicians and research participants.<sup>1</sup> It is essential to appreciate that this debate extends beyond semantics and into the heart of the ethical, psychological, and practical dimensions of conducting research on human beings.<sup>3</sup> This correspondence advances the discussion on the weather study participants should be labeled as “subjects” or “participants”

First, the term “subjects” carries connotations of passivity, compliance, and subjugation. It implies that these individuals are mere objects, passive agents in the researcher’s quest for knowledge. However, contemporary research ethics and guidelines emphasize the importance of informed consent and the autonomy of study participants.<sup>3</sup> This notion inherently contradicts the notion of individuals being “subjected” to research, as it underscores their active role in shaping the study’s trajectory.

Second, the relationship between a study physician and a research participant is not as detached as the term “subject” might imply. In many cases, the study physician remains a point of contact for participants throughout the research process. They provide medical care, ensure the participants’ well-being, and serve as a source of information and support. This dynamic bears striking similarities to the patient-physician relationship commonly encountered in general clinical practice.

Third, in the medical field, the patient-physician relationship is based on trust, empathy, and mutual respect. This rapport promotes open communication and patient-centered care, ensuring that individuals receive appropriate treatment tailored to their needs. In the context of clinical research, the study physician’s responsibilities often mirror those of a treating physician, fostering a relationship characterized by similar dynamics.

Adopting a more appropriate terminology for research participants, such as “participants” or “volunteers,” could help shift the narrative away from a passive and subordinate role to one that acknowledges their active contribution to scientific progress.<sup>4</sup> This change in language might not only respect their autonomy but also help establish a more collaborative and patient-centered approach, acknowledging the integral role of the study physician in ensuring their welfare.

In conclusion, the ongoing use of the term “subjects” in the context of research does not adequately represent the evolving landscape of research ethics and the participant-study physician relationship. While semantics may appear trivial, they play a crucial role in shaping the way we perceive and engage with research participants. Shifting toward more accurate and respectful language in scientific discourse is a necessary step toward upholding the principles of autonomy, informed consent, and the preservation of the unique physician-participant relationship within the framework of clinical research.<sup>5</sup>

## REFERENCES

1. Weiss ST. The subject is a patient. *Subst Abuse Res Treat.* 2023;17:0.
2. Corpuz JCG. No-jab, no-job clause: ethical issues and legal impediments. *J Public Heal.* 2021;43:e405-e406.
3. Brown JG, Joyce KE, Stacey D, Thomson RG. Patients or volunteers? The impact of motivation for trial participation on the efficacy of patient decision aids: a secondary analysis of a Cochrane systematic review. *Med Decis Making.* 2015; 35:419-435.
4. Nijhawan L, Janodia M, Muddukrishna B, et al. Informed consent: issues and challenges. *J Adv Pharm Technol Res.* 2013;4:134-140.
5. Corpuz JCG. We are not the virus’: stigmatization and discrimination against frontline health workers. *J Public Heal.* 2021;43:e327-e328.

