Bioethicists renew call for changes to prison research

In 2006, the Institute of Medicine (IOM), the health arm of the US National Academy of Sciences, released a special report on the ethics of conducting research on prison inmates. The report deemed existing guidelines convoluted and suggested updates to improve prisoners' ability to participate in trials. In a special supplement published last month by the journal *Bioethics*, experts renewed the call for such changes while also suggesting that the US should take inspiration from European regulations in this area.

"I look at access to research as a human right," says Anne Spaulding, of Emory University in Atlanta, who studies infectious diseases that are common in prisons, such as HIV. In their article in the *Bioethics* supplement, Spaulding and Bernice Elger, of the University of Geneva Medical School, call on the US government to restructure the guidelines concerning research in prisons.

Currently, the US Office of Human Research Protection (OHRP) considers prisoners a special population and, as such, only allows studies that stand to benefit prisoners specifically. For example, a researcher wanting to study diabetes in prisons would not be able to get clearance from the OHRP unless they could show a direct tie between diabetes and prisoners.

Spaulding and Elger agree with this stance, but they suggest that US regulatory bodies take a page from the EU guidelines for prisoner research, which are generally more risk based. Both the current US guidelines and the IOM's 2006 report put more emphasis on relevance rather than on the risk that potential studies pose to prisoners.

Spaulding says regulators would be doing a disservice to prisoners if they made the research guidelines too restrictive, though. Unfortunately, prisoners are notoriously underserved by the research community, she says, in large part because the regulatory hurdles can be daunting. For example, prisons represent one of the largest populations affected by substance abuse and diseases related to substance abuse, such as HIV and hepatitis, yet prison inmates are rarely included in research on these conditions. Of course, prisoners can benefit from studies conducted on the general public, but Spaulding says they would benefit most from research that considers their specific circumstances.

However, experts note that the prisoner research restrictions are there for good reason: biomedical studies have taken advantage of captive prison populations in the past. "The current guidelines can be a little limiting, but research involving prisoners needs to be carefully monitored, and it's important for the guidelines to be stringent," says Kent Kiehl, a psychologist at the University of New Mexico who conducts research in prisons.

Although there was talk of loosening US prisoner research guidelines a few years ago (*Nat. Med.* **12**, 3; 2006), the OHRP has yet to

make any major changes to the regulations. In the meantime, bioethicists continue to discuss how the current system might be improved. "It's important for human rights issues in correctional institutions to be brought to the forefront," says Elger.

Erica Westly, New York

Britain reevaluates taxes on patent income

In a move to make the UK more attractive as an innovation hub, the British government announced plans to ease the tax burden on revenue stemming from research-related patents. On 9 December, the Labour party unveiled its spending plans for the coming fiscal year with a prebudget report that included a lower rate of corporation tax on income from new intellectual property.

The so-called 'patent box' scheme, designed to take effect in April 2013, sets the corporation tax rate on patent income at 10%, down from the main rate of 28%. This initiative to encourage more pharmaceutical and biotech companies to base themselves locally echoes similar efforts introduced in other countries, including Belgium, the Netherlands and Switzerland.

"This is the first time where we've made a change to the taxation policy in the UK that makes a clear link with the location of intellectual property," UK Science and Innovation Minister Paul Drayson told *Nature Medicine*.

"In the UK, we're really good at getting the patents in the first place, but we're not so good at turning them into products," says Joseph Wildy, a spokesman for the London-based BioIndustry Association, a trade group that lobbied for the special tax regime. "We have to be a bit more cunning about how we attract investment and develop a vibrant environment for innovation, and this [tax plan] certainly helps that cause."

The tax relief was called for last January in a report to the government by the industrysponsored Bioscience Innovation and Growth Team, and it was part of the package of measures outlined in July by the government's Office for Life Sciences, which is led by Drayson. In addition to the patent box, the prebudget report also extends funding by £200 million (\$325 million) for an emerging technologies investment fund, administered by the Department for Business, Innovation & Skills.

"We want to ensure that the production of patents, for example, around new therapeutic agents, will be translated into high-tech manufacturing that gets turned into jobs and economic growth," Drayson explains.

Despite this year's upcoming election, the tax plan looks set to go forward. The opposition Conservatives, who have pledged to deliver an emergency budget within 50 days of coming to power if elected, are unlikely to oppose the patent measure.

Elie Dolgin, New York

Exec salaries look up in life sciences

Although heads of technology companies probably saw their base salaries remain flat last year, life science leaders may have experienced a slight increase. According to a survey by the executive search firms J. Robert Scott and Ernst & Young, chief executive officers (CEOs) at private tech firms were on target to receive an average of \$231,000 in 2009, only \$1,000 more than the year before. By comparison, the survey estimated a 4.4% bump in base pay for nonfounder CEOs in the life sciences, putting their average compensation around \$285,000. Heads of research and development received an average base pay of \$208,000. Those leading clinical research divisions received \$216,000.

