

University Ethics Committees Research in Panama

Los Comités Universitarios de Ética de Investigación en Panamá

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Abstract

In Panama, academic research is conducted at two levels: undergraduate and graduate theses, and individual and group research. University research bioethics committees (CUBI by its acronym in Spanish) have been in place since 2015, and there are currently five accredited CUBI. Four participated in this study, which seeks to establish their characteristics and whether they meet the needs of their users. Methodology: The official public documents of each participating CUBI were reviewed and compared with the results of the anonymous online survey. Results: The CUBI seek to maintain gender equity among their members. Unlike clinical research bioethics committees (CBI by its acronym in Spanish), they include other areas of science, particularly the social sciences, except for the CUBI at the Technological University, which specializes in engineering. In addition to national standards, the CUBI have included human rights. The survey responses were insufficient to draw definitive conclusions. However, based on the responses obtained, it can be assumed that the integration of the CUBI is slow and its functioning is little known by a significant number of users, despite the publication of its operating procedures on the university website. It will be important to combine face-to-face and virtual contacts to resolve or mitigate the problems encountered.

Keywords: university research bioethics committees.

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1. Introduction

Clinical research funded by the pharmaceutical industry began to develop in Panamanian hospitals in 1990, and since 1992, research ethics committees have been created in public teaching hospitals (1,2). In 1999, the Ministry of Health regulated clinical research with Resolution 201, which created the National Committee on Research Bioethics (CNBI by its acronym in Spanish), choosing the term bioethics to emphasize the protection of human and animal life and the environment (3). In May 2019, Law 84 was passed, “regulating and promoting health research, establishing its stewardship and governance, and dictating other provisions” (4). This law defines the composition and functions of the CNBI and stipulates that CBIs in Panama must be affiliated with a higher institution and accredited by the CNBI.¹ In 2024, there were 18 accredited CBIs, of which 5 were university-based (3).

CUBI was created more than fifteen years later due to the need for academic accreditation, even though universities were producing research in all areas of science. This process began at the Universidad de Panamá (UP) in 2015 (6), followed by Universidad Santander de Panamá CBI-Santander in 2016 (7), the Universidad Tecnológica de Panamá CIBio-UTP in 2019 (8), and the Universidad Católica Santa María La Antigua CBI-USMA in 2021 (9).

Internationally, ethical research requirements have been designed to protect clinical research participants and then to comply with the marketing obligations of pharmaceutical companies (10). However, academic research has always existed, both as a product of researchers and for the presentation of graduation theses and has covered different areas of knowledge. The common feature of thesis regulations is that they must be supervised and endorsed by an academic

¹ The CNBI standard defining accreditation requirements is as follows: documents of recognition by the institution and regulations, operating procedures, register of revised protocols, website, member documents, resources, and infrastructure defined by Law 84/2019. Please refer to the following link: <https://cnbi.senacyt.gob.pa/>

committee. Research is presented to a research committee for registration. Since 2021, the National Secretariat for Innovation and Technology (11) has promoted research projects among secondary school and undergraduate students.

The Ministry of Health, concerned about the governance of clinical research, promoted Law 84/2019, which “Regulates and Promotes Health Research and establishes its stewardship and governance, and dictates other provisions.” This specific relationship has created difficulties for researchers in other areas. In particular, the obligation to comply with Good Clinical Practice (BPC by its acronym in Spanish) courses is strongly questioned by researchers outside the health sciences, because they consider it to be far removed from the purpose and methodology of the social, environmental, and exact sciences. These provisions make it difficult for the CUBI to be recognized by the university community in general as the body designated by law to monitor compliance with the respect for the human rights of participants from the design to the dissemination of research results.

There have been publications on the work of CBIs in Panama in terms of clinical research (12), but there are no publications on CUBI. No specific studies on CUBI have been found in Latin America, although they are present in all universities. The objectives of this joint work are to: 1) evaluate the difference between hospital CBIs and CUBI since, even though the ethical requirements are the same, academic research differs from clinical research in its purposes and according to the area of knowledge (13); 2) describe the insertion process and the difficulties encountered by CUBI; 3) consider the added value that CUBI bring to the reflection on research ethics, and 4) make proposals based on the findings.

2. Materials and methods

This research focuses on a descriptive cross-sectional design that explores institutional norms on academic research and research ethics

standards. In addition, it explores the perception of the functioning of the committees' users.

We began by compiling the official documents (regulations, history, composition, functions, procedures) of each of the participating CUBI within the context of the university to which it belongs, as well as the reports that must be sent monthly and annually to the CNBI. These reports include: protocol title and code, principal investigators, date of entry, date of correction, date of approval, sponsor or institution, type of physician (intern, resident, or staff member) and their specialty or career, type of study (quantitative or qualitative, descriptive or analytical, observational, retrospective, cross-sectional, or prospective), study sites, and are available on the websites of each CUBI. Considering that three of the CUBIs were created after 2019, that during the COVID-19 pandemic, universities worked irregularly, and that research protocols related to the pandemic were taken over by the CNBI, the annual reports of the CUBIs from 2021 onwards were considered; research and theses from regional centers were not taken into account as they did not represent a significant number.

In addition, a virtual survey was conducted, which was previously publicized in the faculties, research institutes, and through student and researcher networks. The research was conducted without external funding, so it was decided to use Google.form, removing the identification option. The survey consisted of four parts: 1) category of respondent: researcher or student (bachelor's, master's, or doctoral level), male or female, CUBI that reviewed the study, type of protocol (thesis or research); 2) access to information about the CUBI: website, tutor, others; 3) perception of the CUBI in terms of its functioning: requirements, relevance of observations, review time, type of corrections requested (theoretical framework, objectives, methodology, variables, ethical framework, informed consent form); number of versions, delivery of reports; 4) knowledge about the university's CUBI (composition, stipend) and relevance to the area of study, registration with the Ministry of Health, and use of the

platform implemented by the CNBI. Given the risk of anonymous online surveys, it cannot be ensured that participants did not duplicate information, nor is there any guarantee that they were CUBI users, which is a limitation for data analysis. All surveys that were completed within four days were accepted, i.e., 43 responses, which does not reflect the number of protocols reviewed in recent years, but which provide an initial perspective on user opinion. It should be noted that November is a month of semester exams and thesis presentations, which may have affected the number of responses. The results are presented in tables by CUBI.

The study complies with national and international ethical and legal standards for research with people and data. As the survey was anonymous, informed consent was considered implicit in responding, and a brief introduction was provided emphasizing the voluntary nature of participation. However, the protocol was submitted for approval by the Bioethics Committee of the Gorgas Memorial Institute for Health Sciences. The study was registered with the UP Vice-Rector's Office for Research and Graduate Studies and on the Ministry of Health platform (14).

3. Results

3.1. Composition of the CUBI in Panama

In addition to the general requirements established by international standards and the CNBI (availability, knowledge of research ethics, multidisciplinary), the CUBI have added specific academic requirements: members must be teachers with a master's degree or researchers in the different areas of knowledge defined in the academic structure, with a number proportional to the importance of these sciences in the university and corresponding to the postgraduate programs offered. Members who do not belong to the institution (20% in accordance with Law 84/2019 to ensure the objectivity of

reviews) must only meet the ethical requirements. The composition of the CUBI by gender shows a predominance of women from health and social science careers, as shown in Table 1.

Participation as a member of the CUBI is voluntary, *ad honorem*, and there is no time allowance for its members, who must balance these tasks with the pedagogical and administrative responsibilities of their institution. The schedule of meetings for discussing protocols, teaching, and administrative issues is established at the end of the academic year so that each member can organize their classes for the following year to participate in them.

Members are appointed for four years, renewable once. Recruitment is done through dissemination at the university and proselytizing by current members. Interested individuals must submit their resume and a letter of motivation. Once selected by a commission chosen by the committee (with at least one person from the candidate's area of expertise and another external member), they must sign a commitment to adhere to bioethics and human rights standards and another to confidentiality. A three-month probationary period is allowed to adjust to the committee's work rhythm and style before requesting ratification by the rector, who formalizes membership in the committee.

The CUBI websites, located on the corresponding university platform, allow students and researchers to consult the regulations and requirements for reviewing their protocol. However, the survey showed that the need to submit the protocol for bioethical approval depends on 25% to 30% of the tutor or academic committee (there is no difference between universities).

- *UP Bioethics Committee* (CBUP). The CBUP was approved by the Research Council at Meeting No. 5-14 on July 11, 2014, and the Regulations were updated at Meeting No. 6-22 on June 24, 2022. In 2019, CBUP promoted the separation of the Animal Ethics and Welfare Committee (6). According to these Regulations, the CBUP is officially attached to the Vice-Rectorate for Research and Postgraduate Studies (VIP),

but it was not found in the organizational chart published on the UP website. CBUP does not have its own budget and depends on the VIP's programming; it also cannot charge for protocol reviews due to national administrative provisions, so it has decided not to accept protocols funded by non-academic institutions; students are exempt from payment. The UP is a public university with an average enrollment of 83,595 students (69.5% women and 34.5% men) and 4,731 professors, 11 regional centers, and 161 graduate programs. It covers three areas of knowledge: health sciences, social sciences and humanities, and exact sciences, which are divided into 23 faculties with 117 master's degrees and 16 doctorates (15). As a result, there were 16 members of the CBUP in 2024, with an almost equal proportion of health sciences and social sciences professionals, men and women. Fifty-seven percent of the 21 responses to the user survey consider that this composition corresponds to their area, however, about 23% are unaware of it, as shown in Table 2.

- *Santander University Research Bioethics Committee* (CBI Santander). The CBI-Santander was created in 2016 through Constitution Act No. 1 of September 30, 2016, approved by the Academic Council No. 008 of December 14, 2016. Its members are ratified by the rector, and the committee is administratively attached to the Vice-Rector's Office for Research and Extension and appears in the organizational chart at the same level as the Vice-Rector's Office (7). The CBI-Santander benefits from its own budget and can charge for reviewing protocols external to the university according to a rate set by the CNBI. The University of Santander has seven bachelor's degrees, six master's degrees, and six doctorates (16) that can be grouped into two areas of knowledge: health and social sciences. It is composed of seven people, predominantly women representing the health sciences, as shown in Table 1. Three of the four users who responded to the survey are familiar

with this CUBI, consider it to be relevant to their area of knowledge, but do not know whether its members charge for their participation, presented in Table 2.

- *Bioethics Committee of the Technological University of Panama* (CIBio-UTP). The CIBio-UTP was approved at meeting No. 4-2019 of the VIPE Research, Postgraduate, and Extension Council (UTP, Bioethics Committee), its members are ratified by the rector, and it is attached to the VIPE (8). CIBio-UTP could not be found in the published organizational charts. In terms of budget and fees for review, its situation is like that of CBUP. UTP is a public university, created by Law 18 of 1981 for engineering degrees. It has an average enrollment of 25,763, 1,892 professors, 7 engineering faculties, 7 regional centers, 3 postgraduate programs, 7 master's degrees, and 3 doctorates (17). There are 11 members from the exact sciences, with a predominance of men. Only 2 users of CIBio-UTP responded, so they were not included in the evaluation.
- *Bioethics Committee of the Catholic University of Santa María La Antigua* (CBI-USMA). The CBI-USMA and its Regulations were approved at the 345th Ordinary Meeting of the Academic Council on August 11, 2021. Its members are ratified by the rector, and the committee is listed as a department of the Vice-Rector's Office for Research in the organizational chart (9). The CBI-USMA has its own budget and can charge external parties for reviewing protocols. The USMA was the first private university founded in May 1965. It has 34,000 graduates, four regional centers, seven faculties, and three master's degrees that can be grouped into three areas of knowledge: theology, social sciences, and exact sciences (18). Its 11 members are mainly from the social sciences and humanities, with a predominance of men. As shown in Table 1, 52% of its users are aware of it and 63% consider that it reflects their area of knowledge; however, 76% do not know whether the members are paid for their work at the CBI-USMA. Table 2

provides information on users' opinions on the composition of the CUBI.

Table 1. Composition of the CUBI according to areas of knowledge and gender, October 2024

	Total	Health Sciences	Social Sciences and Humanities	Exact Sciences
CBUP	16	4 M : 5 H	4 M : 3 H	1 F
CBI-Santander	7	5 M : 1 H	1 W	
CIBio-UTP	11	1 M	-	4 M : 6 H
CBI-USMA	11	1 M : 3 L	3 M: 4 L	-

Source: publications by each CUBI on its website.

Table 2. Users' opinions on the composition of the CBUs, November 2024

	CBUP	CBI-Santander	CIBio-UTP	CBI-USMA
Total responses	16	4	2	21
Know its composition	9	3	2	11
The composition corresponds to their area of knowledge	12	3	2	13
Members do not receive remuneration	8	1	1	6
Does not know if members are paid	8	1	1	15

Source: anonymous online survey conducted from November 9-12, 2024.

3.2. Member training and teaching

To conduct research or become a member of an CBI, Law 84/2019 and the accreditation requirements established by the CNBI stipulate that individuals must pass the courses on BPC and Introduction

to Research Ethics recommended by the Pan American Health Organization (19) and renew them every three years. These courses are virtual and free of charge, which facilitates access. The CNBI, hospital CBIs, and CUBI have developed CNBI-recognized courses on Research Ethics and either in-person or blended, that integrate local standards and examples, intended for committee members or researchers, as the CUBI accreditation requirements mandate an annual schedule of internal and external teaching topics.

In addition to these standards since 2015 CBUP, based on the Universal Declaration on Bioethics and Human Rights (20), has considered experience and knowledge in human rights, especially for external members. CBUP has designed and promoted a master's degree in bioethics, and seven of its members have already completed it or are in the process of doing so. All master's degrees at USMA have a course in ethics related to the degree program.

3.3. Functioning and procedures of the CUBI

The functioning of the CUBI does not differ from that of the CBI in Panama, as they follow the recommendations of UNESCO Guide 2 (21) and are regulated by CNBI standards set out in specific procedures. Every aspect of the work of the CUBI since its formation is detailed in a procedure approved at a plenary meeting, published on the website, reviewed every three years, and updated in accordance with CNBI guidelines, allowing for uniformity in general procedures.

The Ministry of Health has established that health research involving human subjects must be documented on a platform prior to review by an accredited CBI (14). The protocols are then received by the technical secretary of CBI, who ensures that they meet all requirements, they are distributed to two reviewers, discussed in plenary session, and approved or returned with a request for clarification. The response time of a committee must be less than 45 days by law, but 9.5% (CBI-USMA), 37.5% (CBUP), and 75% (CBI-USantander) of respondents consider it to be long/very long.

Since 2023, the entire process has been virtual on the Proethos platform promoted by PAHO and imposed by the CNBI (CIB-USMA, CBI-USantander, CIBio-UTP) and by a coded Planner (CBUP). However, only 30% of respondents said they had used the Proethos platform, of which 54% found it “normal or easy” to use, and 46% found it “not very intuitive or complicated”; this latter group of users came from CBI-USMA and CBI-USantander with social science degrees. There were no opinions on the CBUP Planner.

The CUBI evaluation forms are based on the BPC criteria required by the CNBI in a single format for all protocols. The CBUP has different forms for biomedical and epidemiological protocols that follow international guidelines for good clinical practice (22), and for intervention projects developed in consensus with faculty members from the nursing school, and social science projects developed with the research committee of the school of social sciences and humanities.

3.4. Conflicts of interest

Upon joining CUBI, each member must sign an ethical commitment regarding the absence of conflicts of interest (membership by university authorities is avoided). Furthermore, when a protocol related to their area of teaching or research is presented, they must sign a specific conflict of interest statement and withdraw from the meeting while this protocol is being discussed. Experts for specific cases must sign the same commitments to participate in the analysis.

3.5. Evaluation and follow-up

The evaluation and follow-up procedures are standardized according to national standards, to which the requirements of each university are added. The submission flowchart is published on the website: the protocol must be approved by the research committee or

academic committee, which then submits it to the CUBI. In addition, researchers and students must submit the endorsement of the site where the research is being conducted and the protocol registration on the Ministry of Health platform in the case of health research. Only one CBI can be submitted, and the endorsement is valid for this single protocol for one year, at the end of which a follow-up report, a final report, or a request for renewal must be submitted. As they do not have their own funds, the CBIs have very little capacity to follow up on research in situ or to carry out audits.

The CBIs must send a monthly and annual report to the CNBI on approved and rejected protocols to avoid duplication and keep a record of all health research; this report must be published on their website in accordance with the principle of transparency.

As shown in Table 3, 44% of the users surveyed consider the requirements to be adequate, 23% consider them to be complicated, 28% consider them to duplicate academic requirements or delay the endorsement process, one person considers them to be inadequate, and one did not respond. These results show that it is important to present the requirements in a simple manner and to standardize the formats between CUBI and academic research authorities.

Ninety percent of the 43 responses to the survey indicated that they had submitted two versions of their protocol for CUBI approval, and four exemptions were granted. The CUBI's observations focused on methodology (60.46%) and the ethical framework and informed consent (55.81%). More than 75% considered them adequate or relevant, and 18.75% of the 16 CBUP users considered them demanding or inadequate.

Table 3. CUBI observations on protocols and user assessment

Comments	CBUP	CBI-Santander	CIBio-UTP	CBI-USMA
Total responses	16	4	2	21
To the methodology	13	3	2	8
Ethical framework and informed consent	11	1	1	11
No comments	-	-	-	4
Adequate	6	3	1	8
Relevant	7	1	1	8
Demanding/inappropriate	3	-	-	1

Source: anonymous online survey conducted from November 9-12, 2024. Note: multiple responses were possible.

Psychology is included in the health field (UP and U. Santander) and in the social sciences field (USMA). According to the WHO (23), health sciences are social sciences with specific fields of action for human and animal health, which include psychology. According to the American Psychological Association (24), its field is primarily social, although it includes individual clinical care. Law 84/2019 on health research requires CUBI to report research in psychology, which is therefore included in health sciences for all CUBI (Tables 2 to 4).

The number of protocols reviewed belonging to the social sciences (especially in education) fluctuates between 30% and 64%, alternating with health science protocols, both due to variations in master's and doctoral programs and in the research itself, as shown in Tables 4, 5, and 7. This fluctuation applies to master's degrees in the exact sciences (architecture and urban planning) at CBUP and CBI-USMA. The CIBio-UTP quadrupled the review of protocols in 2023 compared to 2022, and there is a predominance of exact science protocols (computational engineering with educational program research), the

entry of social sciences and health sciences (especially nutrition), as shown in Table 6.

Table 4. Protocols (first time and amendments) reviewed by the CBUP by area of knowledge and academic level 2021–2023

	Health Sciences	Social Sciences and Humanities	Exact Sciences	Total
2021				
Research	19	10	1	25
Doctorate	6	13	-	17
Master's Degree	33	158	11	210
Bachelor's Degree	21	-	-	29
Total	88 (31%)	181 (64%)	12 (4%)	281
2022				
Research	10	5	4	19
Doctorate	2	-	-	2
Master's Degree	32	22	-	36
Bachelor's Degree	18	-	-	13
Total	39 (55.7%)	27 (38.5%)	4 (5.7%)	70
2023				
Research	9	10	4	23
Doctorate	1	3	-	4
Master's Degree	31	34	-	55
Bachelor's Degree	7	1	-	8
Total	38 (42%)	48 (53%)	4 (4.4%)	90

Source: CBUP protocol monitoring reports. CBUP archives.

Table 5. Protocols (first time and amendments) reviewed by the CBI-Santander by area of knowledge and academic level 2021–2023

	Health Sciences	Social Sciences and Humanities	Total
2021			
Research	3	2	5
Doctorate	4	1	5
Master's Degree	16	4	20
Bachelor's degree	11	41	52
Total	34 (41.5%)	48 (58.5%)	82
2022			
Research	10	4	14
Doctorate	-	2	2
Master's Degree	14	6	20
Bachelor's degree	9	31	40
Total	33 (43%)	43 (56%)	76
2023			
Research	1	1	2
Doctorate	5	1	6
Master's Degree	20	10	30
Bachelor's degree	22	20	42
Total	48 (60%)	32 (40%)	80

Source: CNBI Annual Reports 2018-2023 <https://cnbi.senacyt.gob.pa/>

Table 6. Protocols reviewed by CIBio-UTP by area of knowledge and academic level 2021–2023

	Health Sciences	Social Sciences and Humanities	Exact Sciences	Total
2022				
Research	1	-	4	5
Bachelor's Degree	-	-	1	1
Total	1(17%)	0	5(83%)	6
2023				
Research	1	2	16	19
Master's Degree	1	7	5	13
Bachelor's Degree	1	1	3	5
Total	3 (8%)	10 (27%)	24 (65%)	37

Source: CNBI Annual Reports 2018-2023 <https://cnbi.senacyt.gob.pa/>

Table 7. Protocols reviewed by the CBI-USMA by area of knowledge and academic level 2021–2023

	Health Sciences	Social Sciences and Humanities	Exact Sciences	Total
2022				
Research	5	-	-	5
Doctorate	-	9	-	9
Master's Degree	1	-	1	2
Bachelor's Degree	6	2	-	8
Total	12 (50%)	11 (46%)	1 (4%)	24
2023				
Research	-	7	1	8
Master's Degree	4	4	1	9
Bachelor's Degree	24	2	-	26
Total	28 (65%)	13 (30%)	2 (5%)	43

Source: CNBI Annual Reports 2018-2023 <https://cnbi.senacyt.gob.pa/> In 2021, eight undergraduate degree protocols and four psychology research protocols were reported.

4. Discussion

Bioethics in Panama began in 1998 with the support of the Ministry of Health and, since then, has been consolidated mainly in the clinical field through the creation of CBI and the issuance of national standards (26). CUBI emerged fifteen years later, motivated by academic accreditation processes, but they face the challenge of adapting procedures designed for clinical research to other areas of knowledge, and the tensions generated by this transition persist. Unlike clinical CBIs, which are essentially composed of physicians and healthcare personnel for the review of clinical protocols, CUBIs seek to represent the different areas of knowledge offered by the university to which they belong and include the social sciences and education (UP, U Santander, USMA) and engineering (UP, UTP, USMA). The inclusion of non-health areas complicates the review work, requiring members to strengthen their capacities to address diverse methodologies. In addition, the variety of offerings and the expansion of university enrollment, particularly in postgraduate programs, requires expanding their composition to respond to the growing demand for protocol review: the average number of members is nine in hospital CBIs (3), while CBIs have an average of eleven members, up to 16 for the CBUP.

The results show that CBIs in Panama comply with the gender equity and multidisciplinary recommended by UNESCO Guideline 1 and supported by Law No. 4 on equal opportunities. However, the composition varies according to the academic profile of each university, with a predominance of women in health and social sciences and men in engineering and exact sciences, reflecting the cultural gender divide (27).

Institutional visibility was found to influence the recognition of CUBI: their absence from the organizational chart of public universities limits their internal legitimacy, unlike private CUBI, which do have formal recognition (28). The absence of public CUBI in the published organizational chart affects their recognition as a full

member of the academic system for research. On the other hand, the restrictions of financial administrative rules and regulations put public CUBI at a disadvantage in relation to private CUBI and institutional CBI for on-site monitoring and regular audits covered by the regulations. This is a weakness that they have been unable to resolve, and the only audits carried out have been in response to complaints.

In Latin America, the accreditation of ethics committees has been promoted by PAHO and is an essential requirement for reviewing protocols. The publication of the list of accredited CBIs allows researchers and the public to trust in their suitability and be recognized by institutions. Panama follows this trend, and all CUBIs analyzed have valid renewals, reflecting their regulatory compliance. However, the literature indicates that accreditation, although necessary, does not guarantee its effective integration into the university research culture if there is no institutional support and internal communication strategies, something that our findings confirm. (29,30). The four CUBI studied have received their second or third accreditation, which is renewable for the period for which it was granted (maximum two years), reflecting the responsibility of their work but not differing from accredited CBIs.

CBI members must complete initial training in research bioethics (31). Like CBIs in Latin America, the CNBI recognizes courses offered by CITI in the United States or Global Health (32) for a period of three years. These courses are virtual, free of charge, and recommended by PAHO; they provide basic information but omit national standards and context; from a methodological point of view, there is no discussion, which reduces their ethical impact. For this reason, the research ethics courses officially recognized by the CNBI add local standards and examples. In addition to these ethical standards, since 2015, the CBUP has incorporated analysis of the Declaration on Bioethics and Human Rights (20) for the rights of participants in the socioeconomic context of inequalities in Panama, which has an impact on participation and the social impact of clinical, social, and

innovation research. All USMA master's degrees have a career-related ethics course, which sensitizes its members to general ethical issues. In this context, it is essential that CUBI members understand the importance of research as a critical activity for knowledge, or for solving local problems within the academic timeframe of a bachelor's or master's thesis. Therefore, the presence of scientists from all fields is important, as is the training of members in social research ethics. This ethical requirement has been promoted by CUBI representatives in the CNBI and adopted by the latter.

On the other hand, the differences between scientific fields allow for reflection on the substance (social and scientific ethical value) of research beyond utilitarianism, and the format of protocols (complying with the academic requirements of each university and national ethical standards). Likewise, the CUBI must deal with different academic levels: the ethical requirement does not change, but the academic requirement must reflect the different levels of knowledge in bachelor's, master's, and doctoral degrees and the expertise of confirmed researchers. The uniformity of the forms required by the CNBI ensures consistency but may not reflect the methodological diversity of the social and exact sciences (33).

Unlike industry-funded protocols, which benefit from a dedicated team of experts, students must find a supervisor to guide them in designing their research protocol for their thesis. This is an additional task for CUBI when they cannot find a supervisor, and one that CBI do not have. It is also a source of concern for students and some teachers, who believe that ethical review should not include methodological review. Although CBIs have included the relationship between methodology and ethics in the research ethics courses they teach, the importance of ethical review of research methodology remains a point of controversy in academic research. Added to this problem is the issue of "artificial intelligence" programs and plagiarism facilitated by the perception that what is published on the internet is in the public domain. The CUBI have addressed the issue within the framework of academic reflection on plagiarism (34) and

follow the recommendations of medical journal publishers' associations on the use of artificial intelligence for publications (35), but no procedure on this issue has yet been developed. For the review of protocols, the CUBI have access to programs paid for by the university, apart from the CBUP, which uses free tools such as plagiarism detection programs and artificial intelligence programs. Nor have the CUBI developed procedures for genetic or stem cell research, as these depend on the CNBI by national provision.

As mentioned above, the obligation to document health research on the Ministry of Health's platform creates confusion for basic, social, and educational research in determining when it is considered health-related. However, the registration of all research conducted in Panama is important for the development of this activity in the country, and it is necessary to promote dialogue between the different bodies that host or promote research on the place of this registration and its relationship with research governance. The registration process is an administrative process, while the monitoring of respect for the protection of participants is the responsibility of the CUBI/CBI and all institutions for the protection of citizens, leaving existing laws to sanction violations of ethical standards in research.

Linked to the questioning of this obligation by researchers and teachers in areas other than health, the obligation to take BPC courses is neither understood nor accepted and is perceived as an imposition of clinical research. In this regard, the CUBI have worked on the obligation of CUBI and CBI members to manage research ethics in the social sciences. Is it possible to consider research ethics in general terms with specific applications in different areas and, therefore, specific obligations?

The complexity and importance of the ethical review of research protocols, and the volume of protocols received by CUBI, must be recognized by the university community so that members can plan this task alongside the pedagogical and administrative responsibilities assigned by the institution, and have time for their personal lives. This overload of functions represents an obstacle to the recruitment of new members. Some members are unable to organize their

classes in the following year to participate in committee meetings and must resign. Member turnover is more frequent than in clinical CBIs, which complicates the work of CUBIs. Despite this, increased interest in research linked to financial incentive programs, as well as increased interest in bioethics and the availability of local training in research bioethics, have attracted new members in the last two years.

A significant proportion of users consider the deadlines to be long, which may be due to the combination of academic and bioethical timeframes, the limited availability of tutors, and the complexity of the topics. Voluntary and honorary work, combined with teaching and administrative obligations, leads to frequent turnover of members and hinders the continuity of the work. Other hypotheses deserve to be verified: a) students start counting from the first submission, which will not change with the use of a platform and the possibility of following the progress of the review; b) the student's response time, for which the CUBI has had to set a maximum of one to three months for a response (if this period is not met, the student must submit their protocol as new or as an amendment); c) characteristics of internal communication between the different bodies. The support of academic authorities is important in clarifying and disseminating the thesis review flowchart and the traceability of the different stages of this process. The limited experience of interviewing thesis students to clarify CUBI questions has been very positive and should be an immediate option when the observations are very important or numerous.

5. Conclusion

The findings underscore the need to:

- Ensuring institutional recognition of the CUBI in organizational charts and internal policies.
- Streamlining review processes through better coordination between tutors, academic committees, and CUBI.

- Improving communication with students, researchers, teachers, and authorities on the ethical value of research requirements and speeding up response times; promoting the incorporation of bioethical and human rights requirements into research methodology programs and thesis and research forms.
- Strengthen training in research ethics beyond the clinical perspective, incorporating aspects specific to the social and exact sciences.
- Review, together with the CNBI, the relevance of certain requirements for non-health areas, avoiding the indiscriminate application of clinical criteria.

This analysis shows that CUBI are key players in ensuring ethical integrity in Panamanian university research, but they require greater visibility, resources, and regulatory flexibility to respond to the diversity of areas of knowledge they oversee.

Contributions

- Claude Vergès; design, data collection, analysis, and writing.
- Abdel Solís Rodríguez; design, publication, and synthesis of the online survey.
- Abdel Solís Rodríguez, Dinora Bernal, Adiz Acosta Reyes, and Nidia Flores Chiari; review of the design, data collection from their university, review and approval of the analysis, and final writing.

Conflicts of interest

- Claude Vergès is a member of CBUP, CIBio-UTP, advisor to CBI-USMA, and alternate member of CNBI.
- Abdel Solís Rodríguez is vice president of CBI-USMA.
- Dinora Bernal is president of the CBUP and a member of the CNBI.

- Adiz Acosta Reyes is technical secretary of CIBio-UTP.
- Nidia Flores Chiari is secretary general of the University of Santander and president of CBI-Santander, principal member of CNBI.

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