Lay persons are not "lay" in Ethics Committees: Why the term merits ethical reconsideration

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A recent Policy Paper from the American College of Physicians (ACP) has argued that essential medical terminology in the health sector carries significant ethical importance [1]. By noting that using "provider" to describe "physicians" diminishes the profession and causes confusion in patient care, the authors delivered a highly relevant and timely message for medical ethics: words do not merely describe reality; they help shape it.

In line with the position taken by the ACP, the same argument applies to the term "lay person" used within human ethics committees (EC), as "lay person" frames public contributors in terms of deficiency — defined mainly by what they are not, rather than what they contribute. The problem is the framing itself, which labels individuals as "lay" and positions them as epistemically subordinate to professionals. The consequences of a "lesser" status could be ethically troubling, undermining the very essence of equitable participation. This includes reduced perceived authority within committees, potential erosion of public trust, and the reinforcement of professional dominance in ethical decision-making [2].

In the EC, lay persons bring an external, independent viewpoint, which is vital for maintaining public trust and protecting participants [3]. They are not a monolithic group. Instead, they could be retired professionals from non-scientific fields, patient advocates with lived experience, community leaders, or individuals with a profound understanding of local cultural nuances.

Interestingly, the use of the term "lay person" is not universal. In the USA, Institutional Review Boards, which oversee human ethics, do not use the term "lay person". Instead, federal regulations (45 CFR 46 and 21 CFR 56) opt for more inclusive choices, requiring a "non-scientist" and an "unaffiliated member" on the committee [4]. Often, one individual can fill both these roles.

In sharp contrast, the UK's Health Research Authority, with its well-developed Research Ethics Committees, explicitly uses "lay members" [5]. They even categorise them as "lay" and "lay-plus members". The former are not registered healthcare professionals and do not have a primary professional interest in clinical research. The latter, "lay-plus members", have never worked in healthcare or research and have never been part of a health service body.

These linguistic differences between two prominent Western civilisations prompt us to wonder how they have remained distinct in expression and to what extent the term "lay person" is rooted across nations. The Declaration of Helsinki (1964, revised 1975) and the Belmont Report (USA, 1979), which influenced the US Common Rule (45 CFR 46), did not explicitly use the term lay person despite solidifying the requirement for non-professional involvement in US ethics committees.

In contrast, the UK not only used the term "laypersons" but also definitively contributed to the transmission of the word to other nations through their significant colonial roots. As former British-occupied nations gained independence, many adopted or adapted legal and ethical frameworks that mirrored the British model. Consequently, we see direct and explicit mandates for "lay persons" in ECs across countries like India (ICMR guidelines), Australia (NHMRC HRECs), South Africa (NDoH guidelines), Kenya (NACOSTI), and New Zealand (HRCA) [6–8].

We therefore argue that moving beyond "lay person" is not just a semantic issue but an ethical imperative. Here, the concerns about inclusivity are not the main issue; rather, they are downstream effects of a deeper epistemic mischaracterisation. We believe that more precise and positively framed terms would better acknowledge their diversity and the specific perspectives in ECs. There are wise options like "community representative", "public member", or "non-medical member" that reflect a more empowering and inclusive environment. However, to make such a change, it is critical to reconsider inherited administrative traditions and move past professional feelings of superiority. Rather than continuing with those that feel normal, it is time to make ethics committees inclusive and align them with contemporary ethical norms by giving up the term "lay person".

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CORRIGENDUM

Corrigendum to: Archives, mental health systems, and the history of mental health in colonial South India: Critical questions

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In the History–Commentary titled, "Archives, mental health systems, and the history of mental health in colonial South India: Critical questions" published in the Jan-Mar 2026 issue of the IJME, last name of the first author was incomplete. The name should have appeared as Sathya Dhatchanamoorthy. The original article (DOI: 10.20529/IJME.2025.092) has been corrected.

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