EUROPEAN CONGRESS OF RESEARCH ETHICS COMMITTEES

EUREC-ANCEI joint Conference

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REPORT

Institut Borja de Bioètica
UNIVERSITAT RAMON LLULL

Sant Joan de Déu Research Foundation

IMAGEMEND

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ANCEI
Asociación Nacional de Comités de Ética de la Investigación

EUROPEAN CONGRESS OF RESEARCH ETHICS COMMITTEES

EUREC-ANCEI joint Conference

"The future of Research Ethics Committees in Europe: Creating the way to innovation"

MAY 17-19, 2017 BARCELONA, SPAIN

International Conference

Organised by the European Network of Research Ethics Committees (EUREC) and the Asociación Nacional de Comités de Ética de Investigación (ANCEI).

With the collaboration of the Fundació Sant Joan de Déu and Institut Borja de Bioètica, and the IMAGEMEND (Study with focus on development of effective imaging tools for diagnosis, monitoring and management of mental disorders)

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Link to the book of the conference:

https://ancei.es/documentos/ancei/_2017%20Libro%20Ponencias%20IV%20Congreso%20ANCEI.pdf

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PROGRAMME

Wednesday 17th May 2017

Studies with minors and adolescents or children on schizophrenia, bipolar disorder and attention deficit-hyperactivity disorder: Results and ethical Challenges of the IMAGEMEND project

08.00 - 9:00 **Registration**

9:00-9:15: **Introduction.** Elmar Doppelfeld (Chair)

9:15-10:00: **The IMAGEMEND Project and its Delphi studies on attitudes and ethical views of patients, relatives, health care professionals in IMAGEMEND**

Marcella Rietschel /Jana Strohmaier

Discussion

10:00-10:45: **From clinical data to population-based direct recruitment: The beauty and hardship of register data recruitment**

Christina Hultman

Discussion

10:45-11:00: Coffee Break

11:15-12:00: **Data collection of minors in Research in IMAGEMEND**

Jan Buitelaar

Discussion

12:00-12:45: **Ethical issues on testing children and challenges for RECs**

Dirk Lanzerath

Discussion

13:00-14:50: Lunch Break

15:00-15:45: Biobanks and Data Protection

Javier Arias-Diaz

Discussion

15:45-16:30: Panel

16:30-16:45 Coffee Break

16:45-17:00 Report on recent development of EUREC

Elmar Doppelfeld (Chair) & Dirk Lanzerath (Secretary General of EUREC)

17:00-17:30: Information Technologies and Ethics in Medical Research

Albena Kuyumdzhieva (European Commission)

17:30-18:00: Ethics assessment and guidance in social sciences and humanities. Findings of the SATORI project

Rok Benčin (Research Fellow, Institute of Philosophy, Research Centre of the Slovenian Academy of Sciences and Arts, Ljubljana, Slovenija)

18:00-18:20: Towards a unified ethics assessment procedure for non medical research in Greece

Panagiotis Kavouras (National Technical University of Athens, Greece)

Thursday 18th May 2017

08:00 - 9:00 Registration

09:00 - 09:30 Opening and Welcoming

09:40 – 10:15 Opening Main Lecture:

Meaningfulness and implications of the Research Ethics Committees Independence.

Prof. Gianni Tognoni

10:30- 10:50 Coffee Break

10:50 - 12:20 First Round Table:

The impact of the new UE Regulation 36/2014 on the RECs of different European countries. Description, pros, cons, surfeits and deficits"

Moderator: César Hernández (AEMPS)

Speakers:

Sylvie Hansel Esteller (France)

Marina Ferri (Italy)

Joerg Hasford (Germany) (EUREC)

Jozef Glasa – Slovaquia.

12:20 - 13:00 ***Discussion***

13:00 - 14:15 Lunch

14:15 - 15:45 Second Round Table:

What kind of REC can fit in Europe?

Moderator: Monserrat Esquerda. (Director of Borja Institute of Bioethics of Barcelona)

Speakers:

Dirk Lanzerath (Germany) - Secretary General of EUREC

Eugenius Gefenas. Lithuanian Bioethics Committee

Bernabe Robles (Spain)

Michael Bone. (United Kingdom)

15:45 - 16:15 ***Discussion***

16:15 - 16:40 Coffee Break

16:45 – 18:15 Third Round Table:

Research in vulnerable populations. The participation of children in the RECs and the Kids Barcelona Project

Moderator: Nuria Terribas. (Grifols Foundation – Spain)

Speakers:

Joana Claverol. (SJD Foundation - Spain)

A child from the Kids Barcelona Project

Pirkko Lepola (EMA-Finland)

Kate Harvey (Nuffield Council - UK)

18:15 - 18:30 ***Discussion***

Friday 19th May 2017

09:00 – 10:30 Fourth Round Table:

Ethic problems in the clinical trials and use of medical devices. The example of fetal surgery. What may bring the next European Regulation?

Moderator: Pablo Ferrer Salvans

Speakers:

Xavier Canals (Spain)

Eduard Gratacós. Saint John of God Hospital (Spain)

Saskia de Weerd-Hamer (Netherlands)

10:30 -10:50: ***Discussion***

10:50 – 11:10 Coffee Break

11:10 – 13:00 Fifth Round Table

Communications

Moderator: Coloma Moreno Quiroga (ANCEI)

13:00 - 13:40 Closing Lecture

The Future of RECs, perspectives and hopes

Prof. Elmar Doppelfeld. (Chair of EUREC)

14:00 Conclusions of the Conference

Closing of the Conference

OPENING

Words of welcome and presentation of the aims of the Congress

Mª Concepción Martín Arribas. Chair of ANCEI

As chair of the National Association of Research Ethics Committees (ANCEI) it is an honor for me to welcome you to our 4th Congress, which this year has been co-organized with EUREC, European Network of Research Ethics Committees.

I would like to thank on my own behalf and on that of the Governing Board to the institutions (FJD and the Borja Institute of Bioethics) and people who have made this event possible, specially to professor Elmar Doppelfeld and Dr Dirk Lanzerath (Chair and Vice Chair of EUREC), who have helped us to draft an undoubtedly very interesting program for all of us taking part in RECs or implied in ethical assessment of human research.

Yesterday we were presented with some of the results of the European projects IMAGE-MED, SATORI and their contributions in the assessment and in the tackling of ethical problems relating to minors with psychiatric problems, as well as with ethical assessment of research other than biomedical, but related to human health, this being the objective of the SATORI project.

Today and tomorrow in four round tables there will be discussions about issues such as the impact of the new European Regulation on clinical trials and medicinal products for human use and the role REC will have in the ethical assessment of these studies and we will debate about what kind of REC we want to have in Europe. We will also address the problem of research with vulnerable population, especially minors, and we will have a presentation of the project Kids Barcelona. Finally, we have a table of free communications and posters of colleagues from all over the world who will present their work and experiences.

ANCEI is a young association, we have only four years of experience. Since the beginning of our work we have been accepted as members of the European Network EUREC. ANCEI

has representations from 42 RECs, from13 of the 17 autonomous communities in Spain. Among its objectives, ANCEI fosters the training of RECs' members; promoting their training for the correct assessment on ethical, methodological and legal issues that contribute to the improvement of both scientific knowledge and of the health of citizens, ensuring respect to the dignity of participants.

This year we have initiated the first edition of a 100 hour on-line course and we organized congresses annually that are an excellent opportunity to share experiences and identify needs related to the theoretical and practical aspects on Human Research Ethics. I hope that we can take advantage of the discussions in this Congress, the participation of experts, the papers presented as free communications and posters and, that we can find solutions to the matters that concern us.

I hope you enjoy the Congress, as well as this beautiful host city. Welcome. Thank you very much.

Pablo Ferrer Salvans. Vicechair of ANCEI

Dear attendants, ladies and gentlemen, it is my very great honor to welcome you on behalf of the two institutions, the Borja Institute of Bioethics and the Saint John of God Research Foundation, that have offered us their home to host and to support the EUREC-ANCEI Joint Conference.

This is not a protocol act. The official Opening Session will take place tomorrow, with the participation of our Authorities and our Representatives. However, now it is our pleasure to greet our friends from around Europe and Spain in an informal way, to share some ideas about Research Ethics Committees, and to tell them why we have organized this meeting.

One year ago, we had our third ANCEI Congress in Vitoria, in the Basque Country, and we felt that the new European Regulation on clinical trials, from the point of view of Research Ethic Committees, was unsatisfactory. It was a very complex law, very biased

towards the interests of industrial sponsors, and designed to decrease by some days the research projects approval procedure.

This shortening is either to significantly reduce the time allowed for ethical deliberation, or to set legal changes very expensive in its application. Some of these legal changes may not be a real solution to the problems presented, but rather an excuse for the changes in the regulation already set.

Even though the regulation implementation appears to include several measures that can improve efficacy, the reality is that we can no longer truly guarantee that the correct decision is being made, because of the inadequate role assigned to RECs in the current regulation.

As the described problems have European dimensions we made the proposal to EUREC in the meeting of Helsinki, September 2016 to celebrate a Joint Conference in 2017 in Barcelona, where we find ourselves today. In the program that you have in your hands, you have the main concepts to be deliberated over during our Conference.

It is now the moment to say it is very important to gain insight into the reasons why RECs appear to have entered into a period of cycle changing.

In the chain of power that constitutes the process of approval of research projects, the RECs are the most vulnerable link. This feeling of vulnerability has been further increased by the astounding lack of normative support given to the RECs. As if this was not damaging enough in these transition times, in many cases the lack of financial resources to the RECs can only add a feeling of isolation to the vulnerability.

In the last few years some of the stakeholders, that intervene in the realm of clinical research, seem to have a position of resentment towards RECs, like they were shooting the messenger rather than accepting the message.

Then we thought that if we met together here in Barcelona, we would be in a better condition to find a solution to all these problems. And this is the reason for the Conference now.

We are very happy to have had the help of EUREC, and we give our very warm thanks to Prof. E. Doppelfeld and Prof. D. Lanzerath, with their Board of Directors, for organizing the Congress with us, and for their participation.

We are also very grateful to all of you for being here, and to the support of Saint John of God Research Foundation and the Borja Institute of Bioethics. The confidence and stimulus of our colleagues of ANCEI have been decisive.

But what I would most like to share with you all, is the great hope that this Conference will be the start of a better cycle. A cycle in which the ethical assessment of the huge amount of research fields and innovative ways, that the future will bring to the hands of RECs, will find truly ethical solutions.

Please accept my welcome and have an enjoyable informative Conference.

INTRODUCTION

With the title "The future of Research Ethics Committees in Europe: Creating the way to innovation", the EUREC-ANCEI (European Network of Research Ethics Committees – Asociación Nacional de Comités de Ética de la Investigación) joint Conference was held on 17-19 May 2017 in Barcelona as a platform to express the problems and concerns that are affecting the RECs. The joint conference was addressed to the members of Research Ethics Committees and to every person, either in Spain or in the rest of Europe or from outside the EU, who is interested in Bioethics and research. In the course of the last year a lot of very important events in the realm of Bioethics have occurred. In particular it is worth mentioning the implementation of the new EU Regulation 536/2014 on clinical trials on medicinal products for human use in EU Member States, WMA also introduced its "Declaration of Taipei on Ethical Considerations regarding Health Databases and Biobanks", and in addition "Committee of Ministers" of the Council of Europe, adopted its Recommendation CM/Rec (2016)6 of the Committee of Ministers to member States on research on biological materials of human origin.

All these issues came about in a political environment where the idea of the European Union seems to be shaken and where Research Ethics Committees were marginalized by the European legislature rather than given the necessary attention to their important contribution to ensuring the protection of human subjects in clinical trials. In light of these circumstances, it is very important to look for consensus that can consolidate the future of the ethics of research on humans and can open new ways of thinking for a cooperative research in Europe. With these targets in mind the Barcelona EUREC-ANCEI Conference was organized, with lectures, round tables and presentations about what kind of REC can fit in Europe, the impact of the new UE Regulation 536/2014 on the RECs of different European countries, the role of the REC in relation to clinical trials review, research with children and the ethical problems in the clinical trials and the use of medical devices. In addition, in the Conference were presented some of the results of Euro-

pean projects such as IMAGEMEND (Study with focus on development of effective imaging tools for diagnosis, monitoring and management of mental disorders) and SATORI (Stakeholders Acting Together On the ethical impact assessment of Research and Innovation), the Barcelona Kids Project, Nuffield Council on Bioethics (UK) project, the Finnish Investigators Network for Pediatric Medicines (FinPedMed) and Minor-InBio (Minority, vulnerability and biomedical research). A round table on free communications was also arranged.

ANCEI has followed the tradition of publishing a book containing the lectures and communications of each of the annual congresses. This year we have benefited from the enthusiastic collaboration of EUREC that has embraced the idea with its contributions that in many cases are part of research projects with commitment of publication.

In addition to the first version of the book, containing the texts handed out before the congress and circulated during it, a second electronic version has been elaborated by the rapporteurs including some papers that weren't available in time for that first issue, this version is now available on the web of ANCEI (www.ancei.es). The Governing Board appreciates the work of, and gives many thanks to, all those whose collaboration on this report has made it possible to create a summary of the subjects discussed during the Congress which is now available, as a book, to be downloaded and read on any kind of tablet and PC. Our thanks, therefore, go to a group of volunteers and science reporters, as well as to those participants who gave their help in the transcription.

This transcription will follow the same sequence as the program during the Congress. Remarks and contributions will be inserted in the places they were presented. We hope this report may serve as a useful reminder of a scientific meeting that has remained in the memories of the members of committees attending the congress as one of the most genuine and participative in recent years. Our wish is for this text to be of help, and kindly ask that you forgive any mistakes we may have made when trying to express the opinions of others.

Wednesday the 17th May 2017

SESSION 1. STUDIES IN CHILDREN WITH MENTAL DISORDERS AND THE USE OF POPULATION-BASED REGISTRIES IN RESEARCH. ETHICAL ASSESSMENT CHALLENGES.

Throughout the morning of the first day of the Congress, some results delivered from studies with minors with mental disorders were presented, as well as some ethical challenges derived from research with children and from the use of population data records in research, which are summarized below.

Studies with minors and adolescents or children on schizophrenia, bipolar disorder and attention deficit-hyperactivity disorder: Results and ethical Challenges of the IMAGEMEND Project

Researchers at the IMAGEMEND project (Study focused on development of effective imaging tools for diagnosis, monitoring and management of mental disorders) addressed some of the ethical problems raised by research studies with children and adolescents with schizophrenia, bipolar disorder or attention-deficit hyperactivity disorder (ADHD), as well as some results of the IMAGEMEND project (http://www.imagemend.eu/).

Marcella Rietschel and Jana Strohmaier presented the IMAGEMEND project and its Delphy studies on attitudes and ethical views of patients, relatives and healthcare professionals in IMAGEMEND.

IMAGEMEND project started on 2013, and involves several centres in Europe. It's main objective is to improve knowledge of the causes and evolution of mental illness, as well as the search for diagnostic biomarkers. Through the analysis of large databases that include clinical, sociodemographic, neuroimaging and genetic markers, algorithms are developed for the early diagnosis, monitoring and management of these diseases that can support clinical decisions.

Due to the nature of the study and the disorders on which it is focused, the study has given rise to some ethical problems:

- Children and adolescent recruitment
- Stigmatization risks
- Access to genetic information
- The management of unexpected findings, derived from the study tests
- Patients "right not to know"
- An early diagnosis, based sometimes on a probability but not on a certainty, could be vital conditioning.

In relation to the Delphy study on the attitudes towards ethical problems by patients, relatives and professionals (including doctors, researchers, geneticists, pediatricians, psychologists, radiologists, lawyers) it should be noted that patients are sometimes more willing to undergo these predictive tests than professionals assume and that patients attached great importance to having adequate tests available. Most of them would like to be informed about unexpected findings or about their risk of suffering from a particular disease, provided that it has the possibility of prevention or treatment. In addition patients feel able to manage that information derived from their tests but they would not like anyone to have access to that data without their consent. With the results of this Delphy study, a check-list was performed that includes the aspects that a diagnostic test must meet to be accepted, both by the patients and by the professionals who assist them.

All of this highlighted the need to maintain an intensive dialogue between researchers and Ethics Committees to solve problems and to seek the best way to approach some issues.

On the other hand, since it is an international study, it is considered necessary to harmonize the operational protocols, considering both the ethical and legal requirements, as well as the perceptions of the different groups involved.

Christina Hultman discusses the ethical problems posed by the use of population records in research, specifically her experience in recruiting people from records and other sources of information (such as the medical history) for an epidemiological research on schizophrenia, bipolar disorder, autism and OCD (Obsessive Compulsive Disorder) carried out in Sweden which also included the performance of genetic analysis.

On the one hand, she raises the common problems in studies based on population health data records, such as those related to privacy and confidentiality of information.

Many people are unaware that their data are in those records; some problems may occur when recontacting with them and confidential data reveal unknown diagnoses in their environment. The question of requesting specific consent versus broad consent to store data for future use in research arises. Whether to opt for the second option includes asking patients if they agree to the fact that their data could be used in studies that have passed an ethical assessment or if they accept that such data could be shared with other researchers. In this case the data would be included in a repository, this must also be advised of and its consent must be requested specifying what data will be included in a repository.

In relation to genetic analysis, some problems arising about reporting on risks and results, this is a particularly complex issue in mental illness where there are many genes involved and the population involved are children or adolescents. Researchers must be especially careful when it comes to predictive tests and, as a general rule, genetic testing in minors is only admissible if the results are relevant at that time, otherwise it's necessary to wait for the full age of the patients so that they can adequately consent to them being carried out.

On the other hand, she poses the difficulties of managing non-participation biases and of sharing data with other groups. While participants generally agree to share their data

and they regard the data share with other disciplines as promising, providing the appropriate guarantees is not easy.

For further information the project website (http://www.imagemend.eu/) and the project summary (http://cordis.europa.eu/result/rcn/171713_en.html) can be consulted.

Jan Buitelaar couldn't arrive due to aircraft scheduling problems. He is replaced by a member of his team who focused his intervention on the importance of providing minors with information appropriate to their capacity and regrets that there is no common legislation in different European countries. As an example, in the Netherlands, performing a magnetic resonance imaging (MRI) on an 8-year-old child is considered an invasive procedure, so children of these ages generally do not participate in research studies involving an MRI.

Dirk Lanzerath addressed the issues raised by the ethical evaluation of research for EC when the research subjects are children and he tried to answer the question of what should be taken into consideration when applying ethical principles to research with children? He recommended reading the UNICEF's report "Ethical Research with Children" (available at https://www.unicef-irc.org/publications/772/). The proper approach to ethical aspects when children are involved in research should consider the whole environment (family, institutional, educational), as well as the child's perspective, the respect for their autonomy, taking into account, on the one hand, that we do not talk about an homogeneous group and, on the other, their vulnerability: power relations in research with children are very unequal.

When considering the principle of non-maleficence, not only the risks of an intervention but also the risk of omission, not to act or not to generate knowledge in an important area for children should be taken into account. The EC should not fall into overprotection but consider what research is necessary and important for minors and ensure that the results of that research are properly released.

From the principle of justice point of view, an adequate evaluation of the risks and benefits, as well as the criteria of selection and exclusion of the sample of the study, avoiding discrimination, is required. He believes that, along with justice, solidarity must be included when considering, the benefits for third parties. It is also only fair that the children do not feel themselves to be the subject of research but rather feel themselves to be involved in research.

In research with minors the aspects relating to the autonomy, the consent and the assent are very relevant. The children's right to participate, according to their development and capacity, in the decisions that affect them is a basic right. Respect for their autonomy involves communication between the researchers, the child and their parents or legal guardians. Respect for their autonomy means that their opinion must be listened to and respected, avoiding manipulation and offering information tailored to their capacity, if possible relying on attractive formats such as comics, videos, etc.

There is also an emphasis on the importance of paying attention to privacy, children must choose what information they want to share and with whom and, if conducting genetic tests is justified, EC must ensure that children and their parents are properly informed prior to completion and then again, once the results are known.

Challenges for EC in research with minors include the following:

- ensuring ethical standards in research to protect participants;
- to act as a resource to help researchers make ethical decisions;
- to be the intermediaries between researchers and society, offering assurances that research is socially acceptable;
- to increase the dialogue with researchers, because they consider that the EC are always overprotective and even more so when it comes to children. It is a real challenge to protect a vulnerable group without marginalizing it from research and gaining useful knowledge for that group;
- to assess the scientific basis of the expected benefits of the research;

- to take into account the different groups involved in the research and their interests;
- to involve experts in the evaluation of pediatric research;
- to consider developing specific EC;
- to include children, young people, parents in the EC and involve them in the selection of projects.

The afternoon session dealt with three relevant aspects of research: first, the use of human biological samples and the development of biobanks, the use of information technologies and big data, and finally the experiences on the ethical evaluation of projects in non-biomedical research with the presentation of the SATORI project and the experience in Greece.

Research with biological samples and big data. The use of information technologies in biomedical research. Ethical aspects.

Javier Arias-Diaz–spoke about Biobanks and Data Protection. The speaker began his presentation by stating that there is a growing social distrust of science and research and that this mistrust is not reduced by more scientific information, but the only way to generate confidence is the establishment of clear rules. There are numerous standards in bioethics, at all levels, some with legal status and others with a great "moral" weight. He presents the recommendations on the use of human biological samples in research, revised in 2016 (CM/Rec(2016)6 / Recommendation of the Committee of Ministers to member States on research on biological materials of human origin, available on:

https://search.coe.int/cm/Pages/result_details.aspx?ObjectId=090000168064e8ff) and insists on the biobanks governance framework as a guarantee for the correct use of samples and the protection of donors. The above mentioned recommendations include how to handle the data associated with the samples, insisting that anonymization is the

procedure that greater guarantee offers to the donor, but also that donors should be informed about the potential risks of identification before giving their consent.

He presents the model of management of samples and biobanks of Spain in which the correct collection, storage and use of the samples is guaranteed and this allows them to obtain a wide consent since the donor delegates in the ethical and quality guarantees offered by the biobank (Arias-Diaz J, Martín-Arribas MC, García del Pozo J, Alonso C. Spanish regulatory approach for biobanking. Eur J Hum Genet. 2013 Jul;21(7):708-12. doi: 10.1038/ejhg.2012.249.)

Albena Kuyumdzhieva (European Commission) presented the European Commission's vision on the use of Information Technologies and Ethics in Medical Research. The European Commission seeks to ensure ethics in research financed by the Horizon 2020 Program: all projects financed should comply with ethical rules by national/international legislation and European standards.

She focused her presentation on informed consent in the age of new technologies. Today, health can be monitored from different platforms, patients communicate with doctors via Facebook, Twitter… That's to say, the way we communicate has changed and also researchers use new technologies in their investigations. In addition, currently, with new technologies, we have lots of data to be processed. Nowadays data possession is like having petroleum fields, whoever has the data has the power. As such, the use of these technologies has a price and therefore ethical monitoring must be clearly followed (data protection).

In this regard, there have been three phenomena:

1. Regarding informed consent we have a challenge when we recruit patients through platforms, because, for example, we don't know the age of participants. So, participants under eighteen cannot give informed consent and we don't know how to contact the parents. Also, we do not know if elderly participants understand informed consent are able to use the technologies.

2. Privacy: when using certain platforms, data access should be limited and consent should be explicit (Protection data law). But sometimes when we give access to personal data, we also give access to our family or friends' data. We should also ensure the right to remove ourselves from an investigation. In case of storing data in a cloud (Dropbox), we should know that our data can be exposed. Regarding the anonymisation, we must know that the more we connect, the more we lose anonymisation. Investigators could also have difficulties with the reliability with recruiting online. Information technologies should not change our values, the way we understand privacy. The fact that the data are public does not mean that everyone can use them. Being in the public is not equivalent to being public. Therefore, research ethics committees should be aware that information technologies do not have to change the basic ethical principles, in order to ensure ethics in research.

3. Quality of research. Possibility of bias, non-representativeness of data are some of the risks which are of difficult control.

In this regard, the European Commission issued a series of recommendations on these challenges, in order to support future research:

1. Contextual identity: the data should only be used for a specific investigation. Not for other objectives.

2. Investigators cannot use data without consent.

3 Deception is ethically unacceptable (for example, making a false identity online, the access to a computer by an unauthorized person …).

4. Data must be transferred safely. The investigator should track data, since these cannot be used by everyone.

Ms. Kuyumdzhieva concluded by saying that information technologies should not make us change existing concepts about privacy.

The ethical review of non-biomedical research projects

Prof. Doppelfeld and Rok Benčin presented SATORI project (Stakeholders Acting Together On the ethical impact assessment of Research and Innovation). SATORI is a platform for the consolidation and advancement of ethical assessment in research and innovation. To achieve this aim, the project will gather private and public stakeholders from Europe and beyond in an intensive 4-year process of research and dialogue. Ultimately, the project seeks to establish a permanent platform around the framework to secure ongoing learning and attunement among stakeholders in ethical assessment.

One of the objectives of the Project is to launch guides for the assessment in research in humanities and Social sciences

(http://satoriproject.eu/work_packages/comparative-analysis-of-ethics-assessment-practice/). It concludes with the statement that a wide field in which to explore ~~in the~~ ethics in social sciences is open and with the need of creating a network of RECs with specialists in social sciences.

Finally, Panagiotis Kavouras (National Technical University of Athens, Greece) presented the work that is being accomplished to achieve a unified procedure of ethical non-medical research assessment in Greece. He presented a review of the procedures for ethical assessment of no-medical projects and existing committees in several universities ~~on~~ in his country, highlighting a big diversity of standards and principles.

Thursday the 18th May 2017

Formal opening of the Congress

The formal opening of the Congress took place on 18th May with the presence of Mr. Emili Bargalló Angerri, managing Director of Sant Joan de Déu Research Foundation, Ms. Montserrat Esquerda Aresté general director of Borja Institute of Bioethics, Ms. Mª Concepción Martín Arribas, chair of ANCEI, Mr. Elmar Doppelfeld, President of EUREC and the Honorable Antoni Comín i Oliveres, Minister of Health of the Generalitat de Catalunya. All of them highlighted in their opening speeches the social importance of ethics, not only in research, but in the whole correct work at the socio-sanitary field and have expressed their wishes for a most successful Congress, in both their subjects and participation.

SESSION 2- RESEARCH ETHICS COMMITTEES INDEPENDENCE

On 18th one of the main subjects of the Congress was tackled: Independence of Research Ethics Committees was tackled in the opening speech by Prof. Gianni Tognoni and in the sessions concerning the impact of the new UE Regulation on clinical trials on the RECs of different European countries and what kind of REC can fit in Europe.

Opening Main Lecture: "Meaningfulness and implications of the Research Ethics Committees Independence"

Professor Gianni Tognoni began his lecture stating that we are living in a time where research ethical committees are under strong, generalized pressure to become a formally efficient bureaucratic instrument and the most advanced and ambivalent marker of the ongoing process of transformation of health care into a component of the global market of goods. However, he suggested some practical "points of view" on the central

question formulated in the title: could, and how could, the main goal of research ethical committees (REC) – to play an independent role with respects to the various actors and the scenarios suggested above – be preserved, and possibly promoted?

He presented a brief historical reminder of the roles and goals of REC to conclude that the pressure to transform Ethics Committees (EC) into bureaucratic steps to favor rapid approvals of protocols is clearly at the center of ongoing market oriented proposals for the "new" roles of EC. EC should re-discover their REC identity, to represent the rights to health of the populations, even more in the present development of the various versions of "precision medicine":

- REC do not have a primary role of control, but of promoting-assuring clinical and public health relevant research;
- to remind that the terms of reference of research are not the trials for registration of drug, but the research protocols dictated by the unmet needs;
- review the present informed consent forms and to develop and to experiment with information practices which assure, flexibly, a true understanding and participation of patients;
- to drop the debates on the "number" of EC, in favor of assuring RECs which update the old IRBs, whose roots were in their capacity of being representative and interacting actors of the caring communities.

Proposals

If the REC must have a future, they should aim to become concretely a research network. It should be possible to think of network(s) of RECs who agree to confront and compare their practices in the evaluation of protocols:

- Let's test reciprocal EC transparency and dialogue on controversial/conflicting issues in a multicentre pilot exercise.

- Cross-check competences and decisions on significant vs relevant vs legitimate outcome end-points (and "information"?) in oncology, psychiatric/behavioural problems, emergency care.

- Alliance with groups who resist useless bureaucracy and promote "research independence".

This lecture was already present in the conference book.

The impact of the new UE Regulation 36/2014 on the RECs of different European countries. Challenges of the new procedure for assessing an application dossier for clinical trials

The UE Regulation 536/2014 on clinical trials establishes a new procedure for assessing an application dossier. Only one member state will act as "Reporting Member State" (for multinational trials) while there will be other involved member states, named "Concerned Member States". It is the responsibility of every member state to define the relevant body involved in the application assessment, including the involvement of Ethics Committees (EC), according to agreed timelines, to finally get the global opinion through the "Reporting Member State". EC representatives of France, Italy, Germany and Slovakia attended the round table and summary of their lectures are available in the Conference Book and Congress Communications.

The most concerning issue presented in the round table, as happened in France, is the lack of involvement of EC in the part I assessment (Study Protocol and Investigator Brochure) of the clinical trial while would be only the Regulatory Authority (RA) who is taking care of this part I assessment. This approach (France) could be extended to other countries and finally EC are only involved in Part II assessment (Informed Consent, Insurance, Recruitment Plan, Investigator assessment and other ethic aspects). It was said this would be a violation of Oviedo's Convention and Helsinki Declaration as this would allow the conduction of interventional studies without EC approval. Does this mean we

will have different pools of patients (different protection) if this approach is finally extended to other countries? It was mentioned that the Pharmaceutical Industry could potentially select as "Member State Concerned", or as "Reporting Member State", between those where EC aren't involved in Part I assessment as expectations could be weaker assessment from them. It was mentioned that potential reasons for this approach in France could be Biotrial Phase I issue and the longstanding very poor communication between French RA and EC since time ago.

The European Portal and the communication need between ECs and Sponsors

Regarding the database of the European Single Portal it was said that a mechanism for an exchange of views between ECs should ideally be implemented in regards with clinical trials assessments. Moreover the portal design should be as-functional as possible to facilitate the interactions between EC and Sponsors with questions and issues being resolved in the most efficient way. This would avoid unfavorable opinions and, as consequence, the reiteration of applications, which in the end increase timelines (and costs), which is the opposite to what is being targeted in this new Regulation.

Nevertheless, the European Medicines Agency (EMA) has already stated that only what is included in the Regulation will be included in the database. As consequence skepticism appears when regarding above suggestions compliance. Additionally, it is unclear whether the portal will allow the opinions from State Members involved in the application to be seen.

It was clarified that study results will be available to experts and public a year after the end of trial notification via Portal. The concern was raised about what this document would look like and how the info would be managed for trials with difficult designs such as the basket trials, not mentioned in the Regulation

Assessment timelines put at risk the ethic evaluation

Regarding assessment timelines, a unanimous opinion was raised as very strict in regards with the limit of 26 days for the initial Part I assessment by the Member State concerned but definitely challenging the 7 days phase (consolidation phase) performed by the reporting member state from the end of the coordinated review phase (12 days from the end of the initial assessment). Moreover the requirement to independent sponsors to provide response within 12 days to clarifications was identified as very challenging. It was mentioned as insurmountable the inclusion of the opinion of a patient representative due to the tight timelines. High workload is expected that will trigger daily work (365 days) and potentially lead to professionalism from some ECs avoiding implicit approvals.

Resources and training for EC members

The need for resources, training and experience in order to keep EC with the necessary skills to comply with new Regulation requirements was stressed. As consequence it may be advisable to have a minimum number of assessed protocols to get EC certification. On top of this there should be a maximum number of assessments to not jeopardize the quality of the EC tasks.

Finally, it was highlighted that 8 countries in Europe haven't started the implementation of this Regulation (536/2014), which is extremely concerning for the European Commission as many countries are not attending working meetings when Regulation 536/2014 is planned for mid-2018.

Some of the participants raised their concern for the EC lack of financial or budgetary autonomy as the single rate will only apply to the RA and is not defined that any percentage will be applicable to EC, which is important for some countries to develop the EC tasks (no equitable distribution of economic resources).

Conclusion

There is a general concern that EC could potentially lose some independence and the negative impact of the implementation of this Regulation on European citizen, due to a weaker ethic control. Regarding this it was proposed, as an outcome of this congress, to issue a brief declaration to be sent from European Network of Research Ethics Committees (EUREC) to the European Authorities.

SESSION 3. WHAT KIND OF REC CAN FIT IN EUROPE?

Towards a centralized or decentralized ethical evaluation model?

The main subject of the discussion was what kind of REC would suit Europe. May be a principialist ethic committee for healthcare, a mertonian one for universities and an utilitarist ethic committee for clinical trials of pharmaceutical industry? The European REC should be a hospital/institutional REC or merely an administrative one? At the round table, the main problem was the single report required by the Regulation (EU) No 536/2014 of the European Parliament and of the Council of 16 April 2014 on clinical trials on medicinal products for human use, and repealing Directive 2001/20 / EC. Most countries are currently in the process of adapting to the requirements of regulation 536/2014 on clinical trials of medicinal products for human use.

Directive 2001/20 / EC had a harmonizing effect in Europe; however, the role that the new regulation assigns to the REC has generated great uncertainty with regards to its impact on the ethical evaluation of research. That is why we are now concerned about which model of committees should be adopted in Europe, whether centralized evaluation models or decentralized. The centralized evaluation makes it difficult to review the specific aspects of each center. The two-week evaluation deadlines make it difficult to perform the REC functions properly. Ethics must be deliberative and fully immersed in the evaluation of research; in this sense, deliberation requires adequate time to be carried out.

The concern about the REC´S role being purely administrative is shared. Efforts should be made to ensure that committees do not become advisory bodies to regulatory agencies and thus lose their ethical role. Again, it is necessary to note that it is important for REC to conduct an ethical evaluation not only of Part II, but also Part I of the clinical trials dossier. It is important for REC to assess methodological aspects, risk / benefit assessment, adequacy of placebo use or justification of vulnerable population participation, and to play their role as defined in the Helsinki Declaration: These committees must be transparent in their functioning, independent of the researcher, the sponsor and any other undue influence and duly qualified. It should not be forgotten that they must also consider the laws and regulations in force in the country where the research is carried out.

Another debate in Europe now is about how many committees should be in each country and when they should intervene in the evaluation process. In turn, the question is whether these committees should be centralized or decentralized.

It is suggested that in small countries a model with a central coordinating committee, of full-time members and an experienced secretariat, could be set up to report on part I and II for later submission to the local REC.

It is possible that, because of the need to implement the requirements of the new regulation, some countries may decide that the REC should only evaluate the aspects of Part II. This system cannot allow an adequate ethical review by the REC and it was insisted that it is essential to maintain the ethical review.

In Spain when the Royal Decree 1090/2015 came into force, which incorporates the new European regulation, doubts were raised regarding the independence of the REC; the Spanish model is still being questioned and doubts have arisen: is this independence guaranteed if sponsor chooses the REC? The current model, in which there no longer exists a link between the committee and researchers, can affect aspects as important as the monitoring or supervision of informed consent.

Other negative consequences of the Royal Decree 1090/2015 came into force were addressed: the local assessment corresponding to a center is no longer required, although it is true that many committees continue to advise managers on the signing of contracts. On the other hand, we are in a situation of financial dependence, since sponsors prefer the evaluation by committees which carry out evaluation quickly. In addition, in the near future not all REC will be able to evaluate clinical trials with medications.

The representative of Norway explained how his country will adapt to the requirements of the European Regulation. It is a country in which about 30 clinical trials are held per year and it has committees that receive public funding. He considers that new committees with specialists should be created. There is a debate about establishing a Nordic evaluation and harmonizing ethical evaluations. It is essential that the system be more robust.

More flexible procedures for REC should be proposed and should maintain contact with the centers and researchers to perform follow-up functions properly.

It is essential to evaluate social research, for example carried out with refugee children. REC must work more in these areas of research. In this way, there is a need for an ethical review of research projects on social sciences in Europe, as is widely developed in United States. Nowadays, there is more concern in Europe about biomedical research.

About members of the CEIs

In relation to the composition of REC, the committees must include both experts and ordinary citizens to improve representativeness. They must have lawyers, philosophers (who focus on ethical values) and people exclusively dedicated to committees for communication with the authorities.

It insists on the need for members of REC to receive adequate training, listen to the needs of the real world, establish channels of communication and, above all, maintain independence.

It is important to have a network of independent experts. But research ethics should not be evaluated only by experts; Research Ethics Committees should work with patient representatives, although the way to incorporate the role of patients must be progressive.

The procedure is different for evaluating clinical trials with medications and other types of studies, but it should be taken into account that, sometimes, studies without medication may have more ethical repercussions as occurred in the Tuskegee study. We should not trivialize them.

Conclusion

Finally, it is concluded that the Committees should create political alliances to have an impact on future legislation. In this sense, EUREC has made great progress since its proposals has been referred to the competent authorities. As an association can be a good practice platform for countries to share ethical guidelines, training material, …

It is essential to continue debating how the future of REC in Europe should be.

SESSION 4. RESEARCH IN VULNERABLE POPULATIONS. THE PARTICIPATION OF CHILDREN IN THE RECS

In Round Table 3 the participation of minors in research was explored. Three experiences are presented on how to improve and facilitate clinical research in minors: The Barcelona Kids Project (Hospital San Juan de Dios), the work carried out by the Nuffield Council on Bioethics (UK) and the Research Network for Pediatric Medicines in Finland (FinPedMed), which is a member of the European Network for Pediatric Research at EMA (Enpr-EMA). The round table also has the additional interest of the participation of one child member of the Kids Barcelona Project, who spoke about, in the first person, her experience and her work in the project.

KIDS Barcelona Project

Joana Claverol is the person responsible for the creation of the first YPAG (Young Persons' Advisory Group) in Spain, known as Kids Barcelona Project (http://www.fsjd.org/es/proyecto-kids-barcelona_100458). The KIDS Barcelona project is part of the global project "Kids and Families Impacting Disease Through Science (KIDS)" within the International Children's Advisory Network. KIDS Barcelona is formed by a group of advisors made up of children and adolescents, together with their families, who participate in the processes of understanding, communicating and improving methods of medical innovation affecting infants and young people; thus giving voice to children and their families within medicine, research and innovation.

With the conviction that it is essential not only to do research for children, but also to involve them in decision-making and listen to their opinion and their interests in the research, the Kids Barcelona project, formed by children between 12 and 17 years old, was launched. In order to carry out their task, they are trained in biomedicine, innovation, clinical trials and research (for 5-6 months) and then are asked to work as a team, assessing research protocols, developing materials adapted to pediatric research and participating in different discussion forums (such as the EMA, or scientific congresses) or several European networks that bring together similar groups (ICAN, eYPAGnet).

The results of the project allow a better understanding of the children's concerns when entering a clinical trial (how the research will affect their school and family routines or their personal image), their interest in knowing the study results and if they have helped other people in the same situation and, finally, introduce into the protocols some modifications to consider their preferences and concerns. They have noted that this improves both recruitment and participation of minors in trials. And of course, the understanding of the information document improves. In the project website (https://www.kidsbarcelona.org/es) you can find the materials developed for both minors and teachers of schools, as they also do dissemination work in this environment.

An example of this is the Guide to recommendations on the content and format of informed consent, which was presented by Camille, one of the minors forming membership of the Kids Barcelona project.

FINPEDMED (the Finnish Investigators Network for Pediatric Medicines)

Pirkko Lepola, member of the Enpr-EMA and FINPEDMED networks, told us about his experience working on these two projects.

EnprEMA (http://www.ema.europa.eu/ema/index.jsp?curl=pages/

partners_and_networks/general/general_content_000303.jsp) is a network of researchers and centers with experience in pediatric research, formed within the European Medicines Agency (EMA). One of its working groups (WG4) focuses on the ethical aspects of pediatric research and interacts with EC to develop supporting documents for researchers and practitioners, identifying relevant ethical aspects and establishing recommendations on how to address them. They have developed interesting tools such as the "tool kit" on consent and assent in pediatric clinical trials in Europe, which summarizes the legal requirements of the different European countries regarding consent and assent of minors (available on their website).

On the other hand, FINPEDMED, member of Enpr-EMA, has elaborated in Finland different materials, available on its website, (http://www.finpedmed.fi/index.php?page=107&lang=2) ,such as models of simple information and consent documents, adapted to different ages, and even cards with drawings to explain the research to the youngest participants. They also organize training for healthcare professionals on the ethical aspects of research involving minors.

Children and clinical research: ethical issues. Nuffield Council on Bioethics

Finally, Kate Harvey of the Nuffield Council of Bioethics explains her experience in conducting a report on the involvement of minors in clinical research (available on http://nuffieldbioethics.org/project/children-research).

To prepare this report, a multidisciplinary working group was created to try to respond to the question of, How to do relevant clinical research ethically with children?, on the basis that research with minors is essential but not without risks and burdens. In order to achieve this, it was decided to take into account the children's voice since, for the same reason that it was considered important to involve them in research, they could not be absent in the elaboration of this document.

The Project started in 2015, and some of their results were, in addition to being an extensive report, an interactive magazine which summarized the results of the Project, a cartoon film, an online course for investigators, and a one page summary with the most important recommendations for researchers. All the aforementioned material is available on the web site.

Conclusion

As a summary, the most important conclusions are mentioned:

- the need to involve children in all stages of research, including evaluation, when possible
- promoting YPAG (Young Persons' Advisory Group)
- ensuring that children are offered a fair project (in terms of burdens and benefits) and with adequate information.
- the need to revise the concept of vulnerability, avoiding overprotecting them due to their age, but minimizing the risks.

Friday the 19th May 2017

SESSION 5. ETHIC PROBLEMS IN THE CLINICAL TRIALS AND USE OF MEDICAL DEVICES. THE EXAMPLE OF FETAL SURGERY – WHAT MAY THE NEXT EUROPEAN REGULATION BRING?

Pablo Ferrer, as moderator, made a broad introduction to the topic of the roundtable: the clinical trials with medical devices and introduced the main traits of the new European Regulation. The full text can be consulted in the congress book (www.ance.es/….)

Medical technology plays an important role in healthcare and there is a need for more clinical evidence of its effectiveness and safety. New legislation was needed to protect patients with regard to medical devices (MD) without curtailing medical innovation and the new EU Directive is a big step forward. To fully utilise the restricted expertise in the wide range of device technology the use of national and international specialists is necessary. The future challenges call for more cooperation and harmonization.

Highlights

Xavier Canals an Information Technologies Engineer reviewed the current regulation of MD and intravascular devices (IVD). Until now, in depth clinical investigation was not mandatory for its approval and as consequence it was rarely performed. In contrast the new regulation emphasizes the need for clinical evaluation/investigation and introduces the concept of Informed Consent (IC) and the role of Research Ethics Committees (RECs). Dr. Canals discussed the differences between clinical evaluation and clinical investigation and he pointed out that the latter shall be performed with all Class III or implantable MD, with some exceptions. For clinical investigation harmonized mandatory standard EN ISO 14155 must be fulfilled and in addition special attention be devoted to the adverse reactions communication.

Eduard Gratacós, director and professor at BCNatal, a referral center in Maternal-Fetal Medicine at the University Hospitals Clinic and Sant Joan de Déu in Barcelona, reviewed the fetal medicine and therapy evolution that are in line with increased demands to treat the fetus as a patient. For these interventions, very specialized instrumentation is needed and the MDs applied are themselves experimental in most cases. Today affordable fetal therapies are those intended to treat fetal anemia, lung defects or fetal tumors.

Saskia de Weerd-Hamer, Head of Department for the Medical Research Ethics Committee (MREC) presented a general outlay on the Dutch approach ~~on~~ to research with regard to MD. She stated that one of the major challenges for MRECs is the specific expertise to review MD, especially because the new legislation requires more clinical evidence and the number of clinical trials with devices will increase rapidly. For this purpose the availability of a medical physicist is a key issue for MRECs; the body of knowledge of this professional regarding clinical implications and its independency are also challenging. The new legislation will cause changes in the system of research, registration and post marketing surveillance in the field of MD and in vitro diagnostics. There will be a new classification and changes in identification and traceability or quality systems. Supervision will change considerably and all notified bodies will need to apply for a new designation. Cooperation between member states of the EU is needed to harmonize procedures for the review of clinical research with MD for public health and medical care. Today's medical innovations and technologies in general, and innovative MD in particular, are becoming more and more important for public health and medical care. However, the added benefits of MD must be evaluated and there are different ways of tackling such evaluations; a 'one size fits all' approach is insufficient.

Finally, Prof. Dr. Joerg Hasford, Chairman of the Working Group of Medical Ethics Committees in the Federal Republic of Germany, highlighted the rational for clinical trials with MDs and the challenges to conducting trials in this field. These include the difficulties in using placebo and blinding the interventions or the learning curve linked to the users of MDs. He reviewed the options for comparators and the pros and cons of experimental designs versus the non-experimental ones

Conclusion

The new European Regulation on MD has appeared dated 5th April 2017. In this setting the fourth roundtable of the congress highlighted some points that may help in the understanding of the clinical trials or the research projects with MD, and also focused on some particularities that make them different to the clinical trials with drugs or other research projects

There is the possibility that a MD may fully accomplish all its specifications but does not function in its clinical applications. This is the reason why clinical testing is necessary before making them available to patients and the justifying of the new Regulation. However quality criteria for clinical trials with drugs would not often be applicable to clinical trials with MDs and it will be necessary to adopt new concepts as the objective performance criteria and the objective performance goal.

Medical devices must show safety and medical benefit for the patient, and the randomized clinical trial will continue to be the gold standard to demonstrate these properties.

SESSION 6. COMMUNICATIONS AND POSTERS.

The communications presented to the ANCEI Congress were very diverse in terms of their contents. There were 15 oral communications and two posters. Representing committees from 11 countries, both European (7), American (3) and Asian (1).

The communications reflected the different levels of development of the Committees between countries and addressed common problems such as the problems of the implementation of the new European regulation on clinical trials with medicines, the obtaining of informed consents, the training of the members of the Committees, their independence and the role of the committees in the follow-up of the studies once they

have been completed. In several communications, specific ethical aspects were discussed in the evaluation of research with minor and palliative care.

All of them are included in the congress book.

CLOSING LECTURE

The future of RECS, perspectives and hopes

The closing lecture was given by Professor Elmar Doppelfeld. His conference includes the conclusions of the conference and his vision of the future of the RECs. The full text of the / his lecture is included below.

Thank the organizers for the invitation to speak on "The Future of RECs, perspectives and hopes"

I prepared this statement during the days of our congress to keep the most actual stand of our discussions. The contribution therefore might not be of the highest performance.

In the light of the panels we heard yesterday it would be too ambitious or even foolish to say on the future of RECs anything more than: I do not know. Any kind of prediction would be similar to predictions based on the observation of flying birds as carried out e.g. by the augurs in ancient Rome. I restrict my presentation to some thoughts on RECs and on their general mission. This is in few words: protection of research participants and ensuring a qualified medical research in the frame of ethical norms. Such research is necessary in the interest of present and future patients: improvement of treatment and avoiding any procedure which might be useless and/or harmful for the person concerned. This principle can be found already in the corpus hippocraticum. The involvement of persons into such research is linked with risk and burden, and we cannot predict meaningful results for the person concerned, for the group or for the improvement of knowledge. Research is linked to interventions. In the very past research on persons was carried out in the course of interventions justified by the intention to care. Experi-

ence for further treatment and data were gained as side effect. Starting in the enlightenment time the justification for physical interventions with the only aim to gain knowledge was accepted. This led to experimentation on human beings starting in the 19th century. In the same period the question of ethical and legal justification of these experiments was raised.

Today we distinguish between physical and non-physical interventions: the ones violating the integrity of the body, the others using data or stored biological material for research and by that interfering with fundamental rights and freedoms. The RECS are placed in a position like that of a mediator: justified re-search on the one hand, on the other hand protection of autonomy, dignity, identity and well-being of the involved person. To which extent may these principles be touched or even restricted in favor of a common good: Healthcare and/or knowledge? The Belmont Report as an example summarizes the basic principles: autonomy, beneficence and justice, which are fruits of the discussion on going since the 19th century.

The mission of RECs can be defined in brief as the review of a research project under ethical perspectives. The scientific quality and the conformity with law as preconditions must be given and should be assessed by the REC or by other competent bodies. RECs are review boards performing the ethical review in the light of given and accepted ethical principles in a society including cultural factors. RECs are not entitled to develop "new ethics", by intellectual basic work or by combination of different schools of ethics. In the past a change of the name to "moral review boards", or simply "decision seeking bodies" to be more appropriate was discussed – RECs remain as you know. Even if not legitimated to introduce new ethics the RECs may show the way to the application of ethics for new research fields like research including children as we learned yesterday. The main responsibility is the protection of principles as laid down e.g. in the Belmont report. These principles need interpretation, which may vary from committee to committee. It is a duty of RECs to ensure that these principles are applied in a manner to fulfil the protective aims. The free informed consent as such must be kept but must be sought in a manner, that the intention "free decision on valid information" is safeguarded.

RECs should work to improve the awareness of researchers and sponsors on these principles and to encourage them to look for inherent ethical problems in general and specifically in a specific research project. REC could do this by open conferences with third parties and by discussions e.g. with the applicants of a submitted project. RECs should foster these initiatives. Even after 4 or more decades following the first formation of RECs applicants very often do not specifically consider the ethical implications of their projects, just saying or writing, that the DoH (Declaration of Helsinki) is followed, which of course is only a compilation of ethically based principles but not itself an “Ethic”.

The question arises on the reliability of world wide accepted ethical norms. Example autonomy with different interpretations in different countries or regions! Is there a uniform ethics which could serve as the basis for discussions and specifically decisions of RECS? I think at least not yet.

The impact of RECs activities in other non-ethical fields is better: the scientific quality of submitted projects– structure, methodology, justification of envisaged research etc. has improved – RECs work like a filter. The understanding of legal conditions for research may also be deeper than before. However, still very often research as such is claimed as the decisive justification for a project prevailing all other points. The RECs should become more a partner in discussion on all these relevant fields, they should serve as adviser before any kind of submission: learning from each other and improving the quality of projects to be submitted. RECs should be a discussion partner for researchers, and should not feel as if an authority, even if their decision brings them next to an authority. Specifically RECs should improve the interest of researchers on ethics, the different steps for an approach and the different existing ways to come to a conclusion on ethical issues. Ethics are accepted in the public, everybody, namely politicians are in favor of ethics, but administrative frames are and seem to become more and more restrictive for the procedure of RECs, so that a duly qualified evaluation is difficult as we have heard in several presentations concerning the Drug Regulation. RECs and their networks on national level or as EUREC on European level should contribute to public debates on ethics in research – medical or other research involving human beings with the intention

to prevent any further marginalization of ethics. The trust of the public in research could be improved. Some specific aspects:

- *Composition and influence*. Independence of RECs as bodies and of the members is the condition for performing the protective mission – protective for participants including the researchers and protective for the quality of research.

  Multidisciplinary composition, proven specialists in ethics, law, theory of medical research, these specialists should be specifically interested in the responsibilities of RECs and willing to take over this burden. Additional timely members as external experts are needed if required by the submitted project to be evaluated or a competent member has declared a conflict of interest in view of this projects. Nobody shall become member of REC if there is any conflict of interest – a general one by the background of that person, e.g. affiliation as an employee of a pharmaceutical company. Conflict of interest in a specific case: exclusion from decision making. No participation in decision making of persons directly or indirectly linked to the submitted project, the researcher is only admitted to answer questions and to clarify his proposal, decision is taken only by the REC in his absence. The quality of the REC in different fields must be given to avoid any unjustified critics against the REC. Actual problem: it becomes more and more difficult to find duly qualified persons to become members of a REC.

- *Affiliation of RECs:* Ministries, Research institutions, authorities in the health or other fields, public health bodies, "National Ethics Committees", RECs may also act on private or commercial basis. Interests of establishing bodies: Academic reputation, funds for research, employment of staff, commercial interests or economical aspects like in a country or in a group of States like EU. These interests could but should never influence the RECs evaluation of the classical topics in view of a submitted research project

- *Quality, law, ethics:* this evaluation should only be made by duly qualified members of the REC without any kind of conflict of interest or by external experts. Of course there may be different well justified conclusions. Quality and conformity with law

may be assessed by different bodies as is already the case in some European States. Question: to what extent can their decision be binding, for the RECs which are restricted in these cases to the ethical assessment. Do they have a possibility to oppose ~~to~~ such an external assessment? To me the assessment of all the three points by one committee is preferable. Analytic ethics should have their place in the ethical evaluation, which is based on moral-regional convictions including so called cultural factors such as tradition, history or religion.

- *Laypersons* should be included in the decision having the same right to vote as other members, the questions and aspects of the project should be duly explained by competent members of the REC, not by external people. Who is a layperson, how long is a layperson a layperson? Kant and other philosophers: all men have a feeling for the good and for the bad and are therefore qualified to take a relevant decision without any kind of academic education. All members of a REC have the same ability to perform moral decisions, this is given to all human beings.

- *Legal character of votes:* binding or advice to the researcher? Depending on national legislation

- *System of appeal:* not yet sufficiently solved. Can a court, can an authority overrule the vote of a REC?

- *Competence of RECs:* biomedical research as such or RECs specified to fields of biomedical research like e.g. urology. For a long time the establishing of RECs specifically competent for drug and medicinal devices has been discussed – in Germany to this day it has been refused namely by the pharmaceutical industry.

- *Extension of competence on non-biomedical research:* staff, infrastructure and awareness of members with legal and ethical issues is given, of course appropriate participation of members who are familiar with the submitted project and duly assess it.

- *Data and stored tissue?* Role of RECs in o going discussion

My hope:

- Independence of RECs as such and of its members is safeguarded, may be by legal guarantee
- Only RECs under public law to prevent the influence of different interests
- Financing by fees under public supervision or better by public financial sources like in Norway
- Administrative frame is necessary for procedure of the evaluation process, by laws, safeguarding the rights of 3rd parties such as applicants or sponsors. However they must not hinder a duly qualified evaluation of projects, taking into account that RECs are working with voluntary members, which are not clerks of the REC. Members of RECs should be working actively in their profession so as not to lose the necessary link.
- Harmonization of procedural aspects of application and evaluation
- Respect for cultural factors in decision making
- RECs more open for discussion with applicants namely ethical issues to improve the awareness of researchers for ethical implications
- RECs should be more willing and open for discussion with the public to improve the awareness of ethical implications
- System of appeal within the system of RECs
- Court's decision restricted to violations of administrative procedures and of obvious violations of fundamental rights and freedoms

- Competence should not be altered: research with physical intervention – basic research or clinical research - and research using data and stored biological material of human origin - diversities in the national systems, but RECs should be involved in any way.

- Other than biomedical research involving human beings: RECs could contribute by its experience, staff in addition to appropriate experts assessing the research project, like e.g. research in agriculture and food.

- Closing remark: I hope, that the existence and independence of RECs will be safeguarded, that RECs will be able to meet their responsibility with wisdom, justice and science.

Thank you very much for your attention.