

# **Activity Report**

March 2006

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## 1. The German National Ethics Council

The sciences of the future, and in particular the biosciences, are developing at a fast pace. As a result, they are exerting great pressure of change on society and the political world. It is a matter of increasing urgency to identify the objectives, fundamental possibilities and instruments – both those already devised and those we wish to devise for the future – in order to determine the scientific and technical form they are to assume.

In view of the complexity of the relationship between scientific progress and its ethical, legal and social implications, policymakers are especially dependent on information and advice because they themselves lack sufficient expertise in the relevant fields. The same applies to society as a whole, whose participation in processes of change is an indispensable element of a democratically constituted body politic.

This was the background to the decision taken in spring 2001 by the Government of the Federal Republic of Germany, following the example of a number of European and other states, to establish the National Ethics Council (known by its German initials, NER). In line with international practice, the Federal Government charged the Council with the following tasks:

(1) The National Ethics Council shall be the central organ for interdisciplinary discourse between the natural sciences, medicine, theology and philosophy, and the social and legal sciences. It shall organize the social and political debate and ensure that all the relevant groups are involved. It shall provide citizens with information and material for discussion.

(2) The National Ethics Council shall express views on ethical issues relating to new developments in the field of the life sciences and on their consequences for the individual and society. The National Ethics Council shall also draw up Opinions at the request of the Federal Government or of the Lower House of the Federal Parliament (the Bundestag).

(3) The National Ethics Council shall submit recommendations for political and legislative action.

(4) The National Ethics Council shall work together with the national ethics committees and comparable institutions of other States, in particular European States, and of international organizations. (Section 2 of the founding decree.)

The NER works independently (Section 4(1) of the founding decree). It is free both in the choice of subjects for its consideration and in the expression of views on the specific issues involved in them. It intends its work to reinforce the bioethical discourse in society, and its advice to the political institutions takes account of the international debate.

The Council thus sees itself as a body that aspires to make the increasingly complex interrelationships between advances in the life sciences and medicine accessible to society. It therefore aims to contribute, by its activities, to a public discourse in which the extent and consequences of specific developments in the life sciences can be fully

comprehended and discussed, and to facilitate the utilization of this discourse for political action.

The membership of the NER comprises up to 25 experts in the fields of philosophy, theology, the legal and social sciences, medicine and the biosciences as well as representatives of important social groups.

Upon the expiry of the first four-year term, the members of the NER for the next four years were appointed. The retiring members Bishop Dr. Gebhard Fürst and former Federal Minister of Justice Dr. Hans-Jochen Vogel were succeeded by the Auxiliary Bishop of Augsburg, DDr. Anton Losinger, and former Federal Minister of Justice Dr. Jürgen Schmude; the remaining members of the NER were confirmed in office for a further term.

At its meeting of 23 June 2005 the NER elected a new Executive from among its members. The new Chair is Kristiane Weber-Hassemer, former Permanent Secretary of Justice in the State of Hesse, with Professors Jens Reich and Eberhard Schockenhoff as Deputy Chairs.

The members of the NER are assisted in their activity by a Secretariat located at the Berlin-Brandenburg Academy of Sciences. The main aspects of the work of the Secretariat are research and evaluation of information and documents relating to the subject-matter of the Council's deliberations, collaboration in the drafting of texts, planning and conduct of public meetings and the publication of Opinions and other NER documents. Other vital functions of the Secretariat include communicating with the media, providing for other contacts, responding to enquiries and maintaining the NER's Web presence.

In the period under review, from January to December 2005, there were eleven plenary meetings of the NER, 34 meetings of working parties and eight international exchange events.

## **2. Opinions**

In order fully and appropriately to perform its function as a link between scientific advances and the social requirements for their application, the NER has developed a wide range of instruments for advice and the promotion of discourse.

Its Opinions deal with bioethical issues of current concern, and in particular those for which a need for regulation is felt to exist in society. During the period under review, the Council completed and published two such Opinions.

### **2.1 The advance directive**

The NER presented its Opinion *The Advance Directive* on 2 June 2005. It forms part of a comprehensive Opinion on the ethical, legal and social background to and the reality of end-of-life care that is to follow in the first half of 2006.

The NER emphasizes in its recommendations on advance directives that the ban on euthanasia is not called into question by the debate on the scope and binding nature of such directives.

At the same time the Council stresses that a mentally competent person must have the right, in order to provide for the possibility of his or her ceasing to be mentally competent at some future date, to draw up an advance directive containing binding stipulations for or against subsequent medical treatment.

In the interests of legal certainty, the conditions and scope of an advance directive should be fixed by law. In parallel with this, the powers of carers and of patients' representatives should be specified.

In the view of the majority of the Council's members, it should be made clear by legislation that an advance directive is binding on doctors and nursing staff and that its scope and binding character should not be limited to specific phases of a patient's illness.

The NER further recommends that the law should provide that an advance directive, in order to be deemed valid, should be drawn up in writing or documented in comparably reliable form.

In the view of the Council, the law should in addition state that any signs of a will to live in a person who is no longer mentally competent shall invalidate the binding character of an advance directive in which treatment is refused, unless:

- the medical decision situation is described in the advance directive in sufficiently concrete terms;
- the advance directive refers to the signs of a will to live mentioned above and stipulates that they shall be immaterial to the decision;
- the advance directive has been drawn up in writing or is comparably reliably documented; and
- the drafting of the advance directive has been preceded by appropriate advice.

## **2.2 Predictive health information in pre-employment medical examinations**

The NER presented the Opinion *Predictive Health Information in Pre-Employment Medical Examinations* on 16 August 2005.

The issue addressed by this Opinion is the permissibility of making the conclusion of a private-sector contract of employment or appointment as a permanent civil servant conditional upon the collection and use of information about the future course of a past or currently existing condition or the risk of a disease that has not yet manifested itself.

Increasingly accurate statements of probability of this kind can be made on the basis not only of genetic tests but also of other medical examination techniques such as haematological analysis or radiology. In addition, medical science can make prognoses as to the subsequent course of a past or current disorder. For this reason, there has long been widespread concern that employers could unjustifiably use the potential afforded

by predictive diagnosis in decisions on the engagement of applicants for particular positions.

In the view of the National Ethics Council, it is legitimate for an employer, when deciding whether to engage an applicant, to consider whether he or she possesses the physical, mental and health-related fitness necessary for the proposed activity. Hence questions about the health status of an applicant and his or her prior personal medical history, as well as medical examinations, are permissible provided that they are necessary to establish that the applicant is fit for the proposed activity at the time of engagement.

Conversely, it should be permissible to make only limited use of health information obtained from interviews, questionnaires or pre-employment medical examinations. The relevant information should be confined to disorders and predispositions which, on the balance of probabilities (i.e. with a probability exceeding 50%), will have a non-negligible effect on an applicant's fitness for the relevant position within a period after engagement to be set by law or by collective agreement – e.g. the six-month probationary period hitherto customary in Germany. In particular, routine screening of applicants should not be permissible, but only examinations conducted where there is a concrete reason to suspect the existence of a specific disorder or predisposition.

More thoroughgoing examinations for currently symptom-free or predictable conditions should be permissible if they are necessary to preclude risks to third parties, as in the case of pilots.

The principles outlined above cannot be applied without reservation to the appointment of permanent civil servants. In this instance the public-sector employer assumes a duty of care towards, and hence also an obligation to provide for the welfare of, a civil servant that persist throughout his or her life. By analogy with the regulations applicable in the individual Federal *Länder* to the appointment of severely disabled persons as permanent civil servants, it should be permissible to demand and use predictive and prognostic information only if it relates to disorders or predispositions that, on the balance of probabilities, will have non-negligible effects on an applicant's health-related fitness in the next five years.

The NER expects to issue an Opinion on matters relating to the use of predictive health information in the conclusion of insurance contracts before the end of 2006.

### **3. International cooperation**

Since the beginning of its activities the NER has taken the function of international cooperation very seriously and pursued it vigorously. For this reason the Council is now perceived and used by institutions, other bodies and individuals with an interest in bioethical issues outside Germany as their first point of contact in this country. It maintains regular and close contacts both in Europe and elsewhere, as well as, in particular, with international organizations such as the EU, the Council of Europe and UNESCO.

### 3.1 France

On 18 May 2005 members of the Comité Consultatif National d’Ethique (CCNE) and of the NER held a joint meeting in Berlin on organ and tissue transplants, the recording and use of genetic data and the instrument of the advance directive.

At their Paris meeting on 1 December 2005 the two bodies discussed issues of neuroscience research and “enhancement”. It was decided at this meeting to cooperate on the further consideration of problems of the neurosciences and neuroethics, with the possible aim of compiling a joint Opinion.

At the invitation of the Friedrich-Ebert-Stiftung, CCNE and NER members also held a joint meeting with scientific and other journalists to discuss the challenges resulting from the two bodies’ common function of acting as a focus for interdisciplinary discourse and the promotion of public debate. This subject, which lies at the root of the organization of political collaboration among all social forces in a liberal democracy, is seen and discussed by ethics councils throughout the world as a central element of their work, and is often also debated at multilateral meetings. In so doing, these bodies are seeking ways of involving the media in the bioethical discourse to a greater extent than hitherto.

### 3.2 Other contacts

At the invitation of the Austrian Bioethics Commission, two members presented and commented on the NER’s Opinion *Biobanks for Research* on 12 January 2005.

At its public meeting of 19 May 2005, the NER, together with representatives of the CCNE, the Austrian Bioethics Commission, the Swiss Federal Office of Health and the EU-assisted collaborative research project Eurostem<sup>1</sup>, discussed issues arising out of the need to take account of differences between national legislations in decision-making on European-level assistance for and collaboration in research.

### 3.3 EU Forum and COMETH<sup>2</sup>

The NER regularly takes part in the biannual meetings of the Forum of National Ethics Councils of the 25 EU Member States. These meetings are held in the country that currently holds the EU Presidency and are devoted to matters that are or might become particularly important at Community level.

The following subjects were dealt with at the 2005 forums: stem cell research; organ transplants (with input from Germany); research on animals; education in bioethics; public health; and forensic databases.

The NER is regularly represented, too, at the meetings of the Council of Europe’s Conference of National Ethics Committees (COMETH), which are held at approximately 18-month intervals. At the meeting of May 2005, the head of the NER’s

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<sup>1</sup> The Ethics of Human Stem Cell Research and Therapy in Europe.

<sup>2</sup> European Conference of National Ethics Committees.

Secretariat was elected to COMETH's Bureau, which is also preparing the next conference.

The programme of the meeting in the period under review included matters relating to the Council of Europe's biomedicine convention and to demographic trends in the countries of Europe.

#### **4. Promotion of public discourse**

##### **4.1 Introduction and outline of activities**

Called upon to act as a central organ for interdisciplinary discourse on ethical, legal and social issues in the life sciences, to organize the social debate on these issues and to provide citizens with opportunities for discussion, the NER performs these functions in a number of ways. It decided at a very early stage in its activity to hold all its plenary meetings in public and to publish the results of its deliberations. Through its public meetings, the Council imparts information and provides a forum for debate, while its trilingual website ensures that it is known not only in Germany but also internationally. Furthermore, it of course maintains close contacts with representatives of the press and other media as well as of the relevant scientific journals.

The various types of meetings and other events organized by the NER enable it to reach a range of different target groups in society.

- The public meetings provide insight into the work of the Council and make for transparency.
- Presentations of the Council's Opinions are directed primarily to the political decision-makers and the media.
- The NER holds hearings and panel discussions at which it engages in public exchanges of views with representatives of victims' and sufferers' organizations and of research in the life sciences and bioethics.
- Finally, the annual meeting and events in the *Bioethics Forum* programme provide a wider public with an opportunity of discussing bioethical subjects with experts and NER members.

The Council selects the subjects of the meetings in accordance with their significance for scientific progress and the associated ethical, legal and social consequences.

The Council's members attach particular importance to working with young people. During the year several members lectured at secondary schools and universities, where they took part in discussions. Older secondary school students often attend the public meetings and other events organized by the NER.

In addition to the Opinions and the documentation on its annual meeting, the NER publishes a regular Newsletter (see Section 4.5), as well as texts that provide information and guidance on the arguments put forward in the public debate on the ethical, legal and social consequences of research in the life sciences and its application.

## 4.2 Bioethics Forums

The NER devised the *Bioethics Forum* programme to give a wider public who are interested in bioethical issues but not necessarily regularly involved with them an opportunity of engaging in exchanges on the ethical, legal and social aspects of research in the life sciences and their application. Meetings, which usually take the form of lectures followed by a discussion, consistently attract an audience of 150 to 350 people.

### a) **Medical research involving individuals who lack the capacity for consent: attempts at therapy or experiments on human subjects? Between benefit to the individual and benefit to the community (23 February 2005)**

Medical research with human subjects is necessary in order to obtain knowledge about the causes and interdependences of diseases and to develop therapeutic and diagnostic procedures. It is legitimate if it is directed towards high-level objectives, if the subjects have given their free and informed consent and if they are likely to benefit from the research.

However, controversy surrounds medical research on and with subjects who lack the capacity for consent – those who are unable, or are able only to a limited extent, to grasp, consider and assess the nature, significance and scope of the proposed action or the risks and stresses involved in participation in a research project – such as people with severe learning difficulties, dementia sufferers or very young children.

Such research is especially controversial where there is no prospect of the subjects themselves benefiting from it.

The lecture and the ensuing discussion thus addressed the following issues in particular:

- What medical need is there for research on and with subjects who lack the capacity for consent?
- What research interests are involved, and what relation do they bear to the prospects of a cure for the subjects concerned?
- Is there any justification for research directed towards benefiting a particular target group where there is no potential benefit for the subjects themselves who lack the capacity for consent?
- What experience has been gained in informing these subjects before and during the research process in such a way that account is taken of their needs and feelings?
- What must be done to protect the personal rights of subjects who lack the capacity for consent and to guarantee their well-being?

The lecturers were Prof. Dr. Dr. Rolf D. Hirsch, Leiter der Abteilung für Gerontopsychiatrie/Gerontopsychiatrisches Zentrum [Head of the Department of Gerontopsychiatry, Gerontopsychiatry Centre], Rheinische Kliniken, Bonn; Dr. Michael Kölch, Universitäts- und Poliklinik für Kinder- und Jugendpsychiatrie/Psychotherapie [Child and Adolescent Psychiatry and Psychotherapy Clinic], Ulm; and Dr. Michael Pap, Rechtsanwalt für Medizinrecht [lawyer specializing in medical law], Karlsruhe.

**b) Participation and biopolitics – an analysis of the referendum on the Swiss Stem Cell Research Law (18 May 2005)**

A new Stem Cell Research Law came into force in Switzerland at the end of 2004. It permits research with embryonic stem cells subject to clearly defined conditions. Before the law was passed there had been a vigorous social debate involving similar issues to those arising in Germany in this field. The draft law not only was approved by the Government and Parliament but also ultimately received the consent of the population in a referendum.

The lecture analysed the public debate and dealt in particular with the following questions:

- What arguments were reflected particularly clearly in the voting pattern of the Swiss people?
- How did information policy and the campaigns of the Government, parties and interest groups influence the outcome?
- Did this result in educated opinion formation? What criteria could be used to determine whether this was so?
- What aspects of the debate can be transposed to the German situation, and what implications follow for the discourse on bioethics in Germany?
- What models currently exist for promoting citizen participation and public opinion formation on bioethics issues?

The lecture was delivered by Dr. Claude Longchamp, Head of the Gesellschaft für Sozialforschung (gfs) [Society for Social Research], Berne. Invited guests from Switzerland, Austria, France and the United Kingdom took part in the ensuing discussion.

**c) Progress towards a better human being? The use of medicine to enhance physical and intellectual capacity (21 September 2005)**

Whereas medical interventions in the human constitution are predominantly directed towards the goal of preserving or restoring health, they may also be applied to individuals who are basically healthy with a view to enhancing not only their physical but also their mental or intellectual performance. Already today, many undergo surgery for the purpose of altering some of their physical characteristics according to their personal conceptions. Others take medically prescribed drugs to increase their concentration or enhance their mood. In many cases, the boundary between a medically indicated measure and an intervention carried out on a healthy person is blurred.

The existing possibilities raise questions as to the conditions under which the use of such methods is or is not justified and the arguments for or against.

The lecture was given in English by Dr. Erik Parens, of the Hastings Center, New York.

### **4.3 Annual meeting**

As the focus of its annual meeting for 2005, the National Ethics Council chose the senile dementias and Alzheimer's disease. The reason for this choice is that these disorders not

only give rise to questions of research, diagnosis, prophylaxis and therapy but also have a particular bearing on our personal and communal understanding of human dignity and self-determination.

Senile dementias constitute an ever increasing medical and social challenge in many societies. Alzheimer's disease is the principal cause of a dementia; there are at present about a million sufferers in Germany. In view of demographic trends and increasing life expectancy, this figure is expected to double by 2030.

The meeting was attended by more than 300 persons and reflected the state of research on Alzheimer's disease and on the care and treatment of patients; it also addressed the ethical issues thereby arising for sufferers and society.

Papers were presented by: Prof. Dr. Christian Haass, Vorstand des Instituts für Biochemie [Head of Biochemistry Department], Adolf-Butenandt-Institut, Ludwig-Maximilians-Universität, Munich; Dr. Verena Wetzstein, Institut für systematische Theologie [Department of Systematic Theology], Albert-Ludwigs-Universität, Freiburg; Prof. Dr. Andreas Kruse, Direktor des Instituts für Gerontologie [Head of Department of Gerontology], Ruprecht-Karls-Universität, Heidelberg; Prof. Dr. Thomas Klie, Leiter des Zentrums für Zivilgesellschaftliche Entwicklung [Head of the Centre for Civil Society Development], Evangelische Fachhochschule, Freiburg; Prof. Dr. Dr. Fritz Henn, Direktor des Zentralinstituts für Seelische Gesundheit [Head of the Central Institute of Mental Health], Mannheim; Prof. Dr. Dr. h. c. mult. Paul B. Baltes, Direktor am Max-Planck-Institut für Bildungsforschung [Head of the Max Planck Institute for Human Development], Berlin.

The discussion with the audience was initiated by Dr. Jens Bruder (Leiter der Beratungsstelle für ältere Bürger und ihre Angehörigen [Head of the Advice Centre for Older Citizens and their Families], Norderstedt), Heike von Lützu-Hohlbein (Erste Vorsitzende der Deutschen Alzheimer Gesellschaft e. V. [First Chair of the German Alzheimer Society]) und PD Dr. Susanne Zank (FB Erziehungswissenschaft und Psychologie [lecturer in pedagogy and psychology], Freie Universität Berlin).

#### **4.4 Internet**

The NER's trilingual presence on the World Wide Web is important for two reasons. Its 230 pages afford access to the Council's deliberations on a wide range of bioethical subjects in the medium of choice for user groups in scattered geographical locations both in Germany and abroad, as well as for those – particularly young people – now quite likely to be beyond the reach of printed media.

Users have access to the minutes or verbatim records of all NER public meetings and other events. The pages are updated about twice a week. The number of hits showed a further significant increase in 2005 and now averages nearly 30 000 a month. Some 55 of the web pages are available in English and French as well as German.

#### **4.5 Infobrief [Newsletter]**

Since December 2003 the NER has been issuing a newsletter (Infobrief), in German only, which is published at least four times a year and of which 5000 copies are printed and distributed. This instrument of communication is intended by the Council to enable those who cannot attend the meetings or access the information on the NER's website to learn about its deliberations and discussions on the various subjects addressed.

#### **4.6 Communication with the media and other contacts**

During the period under review the NER held two press conferences and one background meeting for representatives of the media and issued seven press releases. In addition, some 300 queries from the media were answered by telephone or email. Just under 200 written enquiries were received from the public, including a considerable number of schoolchildren, students and members of the teaching professions.

The Secretariat of the NER offers support to the media and the general public in two ways. Firstly, it arranges contacts with competent experts, including those belonging to other institutions involved with bioethical and biopolitical subjects in Germany and abroad; and, secondly, the Council itself provides information and material on these subjects. In the period under review, topics included the use of predictive health information; advance directives and end-of-life care; stem cell research, cloning and chimera formation; enhancement; and transplantation, including xenotransplantation.

At its meeting of 24 November 2005 the NER issued the following declaration on the Nazi "Genetic Health Law" in response to the petition by the Association of Victims of "Euthanasia" and Forced Sterilization:

In January 2004 the Bund der "Euthanasie"-Geschädigten und Zwangssterilisierten e. V. [the Association of Victims of "Euthanasia" and Forced Sterilization] petitioned the Bundestag [the Lower House of the German Parliament] to declare explicitly that the so-called Genetic Health Law of 1933 was void from the outset, and to this end requested the support of the National Ethics Council in 2005.

The "Genetic Health Law" and its application raise questions of the dignity of the individual and respect for the person, as well as fundamental principles of the relationship between the state and the individual. The National Ethics Council considers that both of these aspects are still particularly relevant today in connection with the life sciences, for instance in the sphere of eugenics.

During the period of the brutal Nazi regime some 350 000 men and women were humiliated and profoundly wounded in their human dignity by forced sterilization and related measures. The justification adduced for these measures was the "Genetic Health Law". This law was formally repealed in 1974. The sterilization decisions of the Nazi Genetic Health Courts were revoked by the passing of a specific law in 1998.

As long ago as in 1988 the Bundestag proclaimed in a resolution that "the forced sterilizations carried out on the basis of the so-called Genetic Health Law in the period 1933 to 1945 represented National Socialist injustice"; however, it condemned only these measures, but not the Law itself, as an "expression of the inhuman National Socialist conception of 'life not worthy of living'". In adopting

this resolution, the Bundestag was guided by the conviction that the forcible elimination of the capacity for procreation constituted an impermissible interference with bodily integrity and amounted to a grave infringement of human dignity.

The National Ethics Council shares this assessment and would welcome action by the Bundestag to accede to the request by the Association of Victims of “Euthanasia” and Forced Sterilization in extending its judgement of the measures taken under the Law to the Law itself as well as to any such legal and regulatory provisions.

## **5. Subjects for 2006**

In 2006 the NER will continue and complete the work already begun on the subjects of end-of-life care and the use of predictive health information in the conclusion of insurance contracts.

It has also turned its attention to issues arising out of the worldwide development of research on stem cells and in the neurosciences and in connection with the debate on the fair distribution of scarce resources in the healthcare system.

The possible consequences of the widespread use of neuroimplants were the subject of a public meeting in the *Bioethics Forum* programme in January 2006.

At its public meeting in March 2006, the NER considers the challenges to the formation of ethical and legal opinion arising in a society characterized by moral pluralism. The next *Bioethics Forum*, in April 2006, is concerned with the prospects for and limits of intercultural consensus on ethical and legal principles; it will also provide an opportunity for the public to debate the UNESCO Declaration on Biomedicine and Human Rights.

The use, where not medically indicated, of medicines and technology to enhance human intellectual capacity is the subject of a joint meeting with representatives of the United Kingdom’s Nuffield Council in April 2006.

The NER is planning another event outside Berlin for November 2006.

## **The members of the National Ethics Council**

Kristiane Weber-Hassemer, former Permanent Secretary of Justice in the State of Hesse  
(Chair)

Prof. Dr. Jens Reich (Deputy Chair)

Prof. Dr. Eberhard Schockenhoff (Deputy Chair)

Dr. Hermann Barth

Prof. Dr. Wolfgang van den Daele

Prof. Dr. Horst Dreier

Prof. Dr. Eve-Marie Engels

Prof. Dr. Detlev Ganten

Prof. Dr. Volker Gerhardt

Prof. Dr. Regine Kollek

Christiane Lohkamp

Prof. Dr. Martin J. Lohse

Auxiliary Bishop Dr. Dr. Anton Losinger

Prof. Dr. Dr. Eckhard Nagel

Prof. Dr. Therese Neuer-Miebach

Prof. Dr. Christiane Nüsslein-Volhard

Prof. Dr. Peter Propping

Heinz Putzhammer

Dr. Peter Radtke

Dr. Jürgen Schmude, former Federal Minister

Prof. Dr. Bettina Schöne-Seifert

Prof. Dr. Dr. h. c. Richard Schröder

Prof. Dr. Drs. h. c. Spiros Simitis

Prof. Dr. jur. Jochen Taupitz

Dr. Christiane Woopen

## Publications of the National Ethics Council

### Opinions

National Ethics Council (2001) *The Import of Human Embryonic Stem Cells*. Berlin.

National Ethics Council (2003) *Genetic Diagnosis Before and During Pregnancy*. Berlin.

National Ethics Council (2004) *Biobanks for Research*. Berlin.

National Ethics Council (2004) *Polar Body Diagnosis*. Berlin.

National Ethics Council (2004) *Cloning for Reproductive Purposes and Cloning for the Purposes of Biomedical Research*. Berlin.

National Ethics Council (2004) *The Patenting of Biotechnological Inventions Involving the Use of Biological Material of Human Origin*. Berlin.

National Ethics Council (2005) *The Advance Directive*. Berlin.

National Ethics Council (2005) *Predictive Health Information in Pre-Employment Medical Examinations*. Berlin.

### Meeting documentation (in German only)

National Ethics Council (2003): *Biobanken – Chance für den wissenschaftlichen Fortschritt oder Ausverkauf der „Ressource“ Mensch?* [Biobanks – an opportunity for scientific research or a sell-out of human beings as a “resource”?]. Annual Meeting of the National Ethics Council 2002. Berlin.

National Ethics Council (2004): *Umgang mit vorgeburtlichem Leben in anderen Kulturen* [Other cultures' attitudes to prenatal life]. Annual Meeting of the National Ethics Council 2003. Berlin.

National Ethics Council (to be published in 2006): *Welche Ärzte will unsere Gesellschaft? Der ärztliche Behandlungsauftrag heute* [What kind of doctors does our society want? The medical treatment contract today]. Annual Meeting of the National Ethics Council 2004. Berlin.

National Ethics Council (to be published in 2006): *Altersdemenz und Morbus Alzheimer: medizinische, ethische und gesellschaftliche Herausforderungen* [Senile dementia and Alzheimer's disease: medical, ethical and social challenges]. Annual Meeting of the National Ethics Council 2005. Berlin.

National Ethics Council (to be published in 2006): *Wie wir sterben / Selbstbestimmung am Lebensende* [How we die: self-determination at the end of life]. Public meetings of the National Ethics Council in Augsburg and Münster. Berlin.

### **Infobriefe [Newsletters, in German only]**

Informationen und Nachrichten aus dem Nationalen Ethikrat [Information and News from the National Ethics Council] 01/03, No. 1, December 2003, Berlin.

Informationen und Nachrichten aus dem Nationalen Ethikrat [Information and News from the National Ethics Council] 01/04, No. 2, March 2004, Berlin.

Informationen und Nachrichten aus dem Nationalen Ethikrat [Information and News from the National Ethics Council] 02/04, No. 3, June 2004, Berlin.

Informationen und Nachrichten aus dem Nationalen Ethikrat [Information and News from the National Ethics Council] 03/04, No. 4, October 2004, Berlin.

Informationen und Nachrichten aus dem Nationalen Ethikrat [Information and News from the National Ethics Council] 04/04, No. 5, December 2004, Berlin.

Informationen und Nachrichten aus dem Nationalen Ethikrat [Information and News from the National Ethics Council] 01/05, No. 6, April 2005, Berlin.

Informationen und Nachrichten aus dem Nationalen Ethikrat [Information and News from the National Ethics Council] 02/05, No. 7, June 2005, Berlin.

Informationen und Nachrichten aus dem Nationalen Ethikrat [Information and News from the National Ethics Council] 03/05, No. 8, September 2005, Berlin.

Informationen und Nachrichten aus dem Nationalen Ethikrat [Information and News from the National Ethics Council] 04/05, No. 9, November 2005, Berlin.

### **Other publications**

Fuchs, Michael (Berlin 2005) *Nationale Ethikräte – Hintergründe, Funktionen und Arbeitsweisen im Vergleich*. Published by the National Ethics Council. [English edition: *National Ethics Councils: Their Backgrounds, Functions and Modes of Operation Compared*.]

Schreiner, Regine (Berlin 2005) *Klonen durch Zellkerntransfer. Stand der Forschung* [Cloning by cell nuclear transfer: the present state of research]. Published by the National Ethics Council. [In German only.]

After their original publication in German, the Opinions are translated into English, French and Spanish.

All the above publications, as well as the minutes and verbatim records of the public meetings, can be accessed at [www.ethikrat.org](http://www.ethikrat.org) They are also obtainable from the Secretariat of the National Ethics Council, c/o BBAW, Jägerstrasse 22/23, D-10117 Berlin, tel. 030/203 70 242, fax 030/203 70 252, or by email: [kontakt@ethikrat.org](mailto:kontakt@ethikrat.org)