Foundation of the Association *European Network of Research Ethics Committees (EUREC e. V.)* with its registered office in Bonn

The Association *EUREC e. V.* (registered association) has been established with the aim of promoting sustainable co-operation between national networks of Research Ethics Committees and thereby improving the protection of human subjects involved in biomedical and health research across Europe. EUREC e. V. has evolved from EURECNET, a project support by the research and development funding under the Seventh Framework Program of the European Commission. EUREC gained the status as a registered association („eingetragener Verein") according to German law in September 2012. At a conference that took place in Bratislava in April 2012, the country representatives of the Ethics Committees affiliated to EURECNET adopted the Statute of the Association and appointed the members of the Board.

According to the statute, the EUREC Secretariat is located in Bonn, Germany. It manages the work of EUREC e. V. and functions as a permanent contact point. Dr. Dirk Lanzerath, a philosopher and biologist and Executive Officer of the German Reference Centre for Ethics in the Life Sciences (DRZE) in Bonn, has been appointed as Head of the EUREC Secretariat. Together with his team, he will be responsible for arranging regular meetings, pushing the exchange process and monitoring the developments of EUREC. Additionally, he will serve as a contact point for various stakeholders and the European Commission.

EUREC e. V. has two organs, namely the General Assembly, consisting of all members of the Association, and the Board. The Board is responsible for the daily work of the Association,

Foto: DRZE

Left to Right: Dirk Lanzerath, Knut W. Ruyter, Elmar Doppelfeld, Gisela Dahlquist, Maria A. Ribeiro, Eugenijus Gefenas

prepares and chairs the General Assemblies, takes care of the information, and informs the Members about its work. At the Bratislava meeting Professor Elmar Doppelfeld, a radiologist and a specialist in nuclear medicine, was elected Chairman for a term of three years. Until recently, Professor Doppelfeld chaired the Permanent Working Group of Research Ethics Committees in Germany. Additionally, he was the president of the Steering Committee on Bioethics (CDBI) of the Council of Europe. Professor Eugenijus Gefenas, a medical ethicist, was appointed Vice Chair. Professor Gefenas currently acts as president of the CDBI and the director of the Lithuanian Bioethics Committee. The other members of the Board are: Maria Alexandra Ribeiro, a biology professor and a member of the National Ethics Committee for clinical research in Portugal; Knut Willem Ruyter, a bioethics specialist and a professor at the Faculty of Medicine of Oslo University in Norway and Gisela Dahlquist, a professor for paediatric medicine at Umeå University in Sweden.

EUREC e. V. is actively seeking new members. Full membership of EUREC e. V. is limited to one national Research Ethics Network per member country, or, if only one Research Ethics Committee exists at national level, to representatives of that committee. Associate Membership shall be open to other interested bodies. Prior to joining the association, aspiring members must make a written declaration by which they confirm their commercial and political independence.

Table of Contents

European RECs see problems with the EU Commission's draft Regulation on research on medical products

During EUREC's general assembly in Oslo on 5th and 7th September, the members of the Association were faced with a draft Regulation on research on medicinal products involving human subjects, which the European Commission submitted in July and which, in the long term, should replace the EU Directive 2001/20/EC on "Good Clinical Practice". Since the proposed draft marginalises the position of the Research Ethics Committees, the members of EUREC committed themselves to jointly taking a critical stance. Their statement has been submitted to the European Commission, the MEPs of the relevant committees, and the competent national ministries: The full text is published on page 5 of this newsletter.

In essence, the concern expressed in the statement is that due to the weakening of the ethics committees, the protection of persons who participate in medical research as subjects and patients is being weakened considerably by the proposed Regulation in comparison to the EU Directive 2001/20/EC, which is currently governing the area of research on medicinal products and has been in force since 2001. From EUREC's point of view, a major achievement of civilisation of the past decades is at stake: the requirement that medical research on human subjects may only be authorised after an assessment in ethical, legal, and partly also in scientific terms has been carried out not only by the competent regulatory authority, but also by an independent body.

The modern practice of dealing with healthy and ill human subjects in the context of medical research in an appropriate manner embarked on a new beginning after the Nuremberg Doctors' Trials which, in 1947, ended with the conviction of physicians who had been in charge of the concentration camps. In the course of the proceedings, an ethical and legal code was drafted which set binding research ethics principles for medical research involving humans subjects. The so-called Nuremberg Code gave a human face to medical research in Germany again, placing the well-being of the individual above the common good. The Code established a set of central ethical principles for research involving human beings: Subjects may only be involved in medical research after being adequately informed about the experiment, its objectives and its potential side effects, and after subsequently giving their consent (principle of free and informed consent). They can withdraw their consent at any time without giving reasons. They may not suffer any disadvantages in the case of withdrawal, and the investigator in charge must be prepared to end the experiment. The scientist must absolutely avoid that the experiment causes damage or suffering to the participants. As a general rule, a careful assessment must always be made as to whether the experiment can be expected to yield fruitful results for the good of society and the patients concerned, which may justify certain risks to the subjects involved.

Those basic principles were extended and specified and eventually incorporated into several international documents, such as the Declaration of Helsinki of the World Medical Association, the Guideline for Good Clinical Practice of the International Conference on Harmonisation of Technical Requirements for Registration of Pharmaceuticals for Human Use (ICH), which was agreed between the EU, the USA and Japan, and the Oviedo Convention on Human Rights and Biomedicine and its additional Protocol on Biomedical Research, drafted by the Council of Europe. The necessity to have a functioning executing environment in place for a legal regulation to be effective – because the existence of a Code alone does not guarantee compliance with the rules set by it – is highlighted by the fact that the world's first legal framework for medical research was established in Germany in 1931 in the form of the "Guidelines for Research on Human Beings", passed by the Reich Minister of the Interior, which basically defined precisely the aforementioned ethical principles. But in spite of their existence – as the bitter experience of the past has taught us – criminal human experiments were carried out in the

Third Reich, as neither politicians nor physicians felt sufficiently obliged to comply with the principles laid down by these Guidelines and no measures had been taken to effectively implement "good practice". Besides, even the Nuremberg Code could not prevent the USA from conducting the so-called Tuskegee Experiments from 1932 to 1972. In this long term study conducted by the U.S. Public Health Service in Alabama, the natural course of syphilis was observed in black patients without them being aware of or consenting to the purpose of the experiment, and without them receiving adequate standard therapy. This scandal eventually led to the drafting of the Belmont Report in 1978 which, subsequent to the National Research Act passed in 1974, established a binding research ethics code in the USA. Its three basic principles "Respect for persons", "Beneficence", and "Justice" have contributed to the global process of standardisation in the field of medical experiments involving human subjects.

Fotos: DRZE

With the aim of ensuring compliance with these rules and other regulations on "good clinical practice" – i.e. ensuring that appropriate mechanisms are in place in the executing environment – independent ethics committees have been established since the 1970s to provide an ethical and legal assessment of biomedical research protocols. The purpose of these Research Ethics Committees (which are often referred to as "Medical Ethics Committees" ("Medizinische Ethikkommissionen") in Germany) is to ensure the protection of human subjects involved in medical research. Without their approval, medical research on human subjects may not be conducted in the area of the development of medicinal products and medical devices. When it comes to other areas of medical research, in many countries, including Germany, the opinion of the ethics committees is not legally binding; nonetheless, their vote is considered important advice.

The necessity to observe ethical standards itself is not being challenged by the present draft Regulation of the European Commission. However, in view of the fact that the Commission justifies the new Regulation by arguing that the existing Directive has had negative effects on "the cost and feasibility of conducting clinical trials" and therefore led to a "decline in clinical trial activity in the EU", it seems that the main motivation behind the new Regulation is to satisfy the requirements of the pharmaceutical industry in order to guarantee swift procedures when it comes to the approval of research protocols. The aim of preserving or even improving the protection of human subjects, as requested by EUREC, is apparently of only secondary importance. It cannot be disputed that industry-funded European research, also in the field of the development of medicinal products and medical devices, is facing tough competition at international level. It is also undisputed that society benefits from new drugs. Therefore, swift approval procedures are a legitimate concern not only of the industry and the research community. And yet, another desideratum of no lesser importance is to guarantee the protection of those persons who volunteer to participate in such experiments. In practice, this can only mean that the role of independent ethics committees needs to be strengthened instead of weakened.

While the current EU Directive describes ethics committees as "an independent body in a Member State […] whose responsibility it is to protect the rights, safety and well-being of human subjects involved in a trial and to provide public assurance of that protection" (Art. 2 of the existing Directive), the new draft does not mention ethics committees at all, or only indirectly. The issue "ethics committees" is left to the Member States to deal with. Bearing in mind the different traditions and complicated national legal systems as well as the differences that exist with regard to competent authorities, it is comprehensible that no European organisational system can be imposed on all Member States; it is highly unlikely that Germany, for instance, would be willing to adopt the British or the Dutch system – and vice versa. However, this does not imply that it is impossible to define the role of ethics committees as independent bodies in general – as other legal documents have for a long time, including the old Directive in its Article 6. The new Regulation however only makes reference to them in a vague and diffuse form. If the term "ethics committees" is to be avoided, it would at least be necessary to mention an "independent body" that assumes the aforementioned responsibilities, as is the case in the Oviedo Convention or in the ICH-GCP Guideline. The draft text stipulates that "Member States shall ensure that the persons validating and assessing the application do not have conflicts of interest, are

independent of the sponsor, the institution of the trial site and the investigators involved, as well as free of any other undue influence“ (Art. 9); at the same time, only “one single decision” (Art. 8) from the Member State is accepted, meaning that the regulatory authority and the ethics committee of that Member State must come to an agreement. The standard of an independent ethics committee’s vote is thus being dissolved. As the wording of the draft text avoids the use of the term “ethics committee” or any equivalent, the “persons” mentioned in Article 9 could also be members of the regulatory authority. Sure enough, there are EU Member States, such as the Netherlands, where ethics committees and regulatory authorities are much more closely interlinked than in other countries, e.g. Germany, France, or Poland; nonetheless, the current Directive ensures that the ethics committees in Europe can form their own and independent judgement.

Although the ethics committee itself is not explicitly mentioned in the text, the draft Resolution provides for a number of framework conditions which would impact its work, and which must be considered highly problematic and not conducive to the protection of human subjects. The votes, for example, need to be submitted in a narrow period of time – between 10 and 30 days from the date of receipt of the application (Art. 6), depending on the trial situation. The 10-days-rule shall apply to low-intervention clinical trials. However, it is exactly this question – whether the clinical trial can be qualified as being “low-intervention” – that requires due diligence. A careful and diligent assessment of the research protocol cannot be carried out in such a narrow period of time by ethics committee members who, in general, work in an honorary capacity. By way of comparison: the current European Directive as a matter of principle allows the ethics committees a period of up to 60 days.

The fact that the draft Resolution grants the sponsor of such a research project, i.e. the party who finances and initiates the trial, an extended right of proposal (Art. 5) as to the country which should be the reporting Member State in the approval procedure, raises the suspicion that the motivation might be to avoid those reporting countries in Europe which are likely to take a rather critical stance, instead of relying on the planned trial being accepted by the Member State concerned.

Another important point from an ethical perspective becomes apparent where the proposed Regulation deals with persons who are, in fact or in legal terms, unable to give consent – such as minors or mentally disabled persons – and whose participation as subjects in medical research is considered problematic in general. If these groups of patients are not to be excluded from medical progress, or if, due to the disease in question, there are no subjects available who are capable of consent –as in the case of dementia or certain paediatric diseases – the participation in a clinical trial may under certain circumstances be justifiable, provided there is minimum risk involved and consent of the legal representative has been obtained. However, as regards dealing with risks in such cases, the draft text stipulates that „pain, discomfort, fear and any other foreseeable risk in relation to the disease and developmental stage” shall be minimised (Art. 30/31). Yet, this wording is completely underdetermined. It allows for the interpretation that, if it is impossible to minimise the risks due to the circumstances, greater risks may be taken. From an ethical point of view, this is unacceptable – especially where vulnerable groups are concerned – and in contradiction with other well-established documents, e.g. the Oviedo Convention.

With the current proposal for a new Regulation, the European legislator – should the draft be adopted in its present form – misses out on the opportunity to codify standards of law and soft law that are already recognised and adhered to by many European countries so that they become legally binding; where the position of the ethics committees is concerned, the draft falls behind the old Directive 2001/20/EC or the Protocol of the Oviedo Convention. While the European Commission has a long-established “ethics review system” based on strict ethical criteria for its own research funding system, which each relevant application must pass through – including such applications that would not need to be assessed by an ethics committee in Germany – the proposal for the new EU Regulation seems to water down the existing standards.

Thus, the European legislator would be well-advised not to marginalise the position of the Research Ethics Committees. In order to streamline and harmonise their work, it is necessary for them to exchange their opinions and to strive for “voluntary harmonisation procedures (VHPs)”, as is already being practiced to some extent by the regulatory authorities. Precisely this co-operation of Research Ethics Committees in Europe is one of EUREC’s central concerns. For the objective of the transnational work of the ethics committees united under its umbrella is to make a contribution to ensuring that the mission to develop good therapies and drugs for patients in Europe quickly while at the same time remaining competitive at international level is not achieved at the expense of the safety of human subjects, who need to be able to trust in the opinion of an independent ethics committee.

Dirk Lanzerath

The original text documents are online available:

Proposal for a REGULATION OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL
on clinical trials on medicinal products for human use, and repealing Directive 2001/20/EC

Brussels, 17 July 2012

http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2012:0369:FIN:EN:PDF

DIRECTIVE 2001/20/EC OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL
on the approximation of the laws, regulations and administrative provisions of the Member States relating to the implementation of good clinical practice in the conduct of clinical trials on medicinal products for human use

Brussels, 4 April 2001

http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2001:121:0034:0044:en:PDF

EUREC comments on the Proposal for a REGULATION OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL on clinical trials on medicinal products for human use, and repealing Directive 2001/20/EC

Comments formulated by the European Network of Research Ethics Committees (EUREC) at the EUREC Meeting at Oslo on 7th of September 2012

EUREC is the European Network of Research Ethics Committees in Europe. EUREC welcomes the initiative of the European Commission to advance the existing framework for conducting clinical trials within the EU. Moreover, EUREC appreciates that the Commission acknowledges the importance of an ethical assessment of clinical trials, which proved to be both important and effective regarding the protection of research participants in the past and which is today a standard accepted world-wide. Equally EUREC appreciates that, at the same time, the Commission has to respect the different cultural traditions, particularly in relation to ethics, within the Member States and therefore as a matter of subsidiarity has a limited possibility for harmonising the whole governance of clinical trials at the EU level.

This diversity existing in all regions of the world is respected by international instruments like the Oviedo Convention on Human Rights and Biomedicine, by the Clinical Trials Directive 2001/20/EC or the ICH-GCP Guidelines, by Guidelines as published by CIOMS or by the principles as contained in the UNESCO "Universal Declaration on Human Rights and Bioethics" (2005) or in the Declaration of Helsinki. However these examples present unanimously a list of items to be followed in any ethical assessment of research projects involving human beings. These frameworks try to introduce at least a basic protection of human beings independently of national sights. A similar framework of conditions and structural provisions for ethics in research is not found in the proposal of the European Commission. It therefore should be amended for the following reasons:

1. EUREC believes that the choice of the Commission to undo the positive steps established through the current Directive by omitting the clear position of Research Ethics Committees (RECs) in the process is not acceptable. Research Ethics Committees are world-wide accepted bodies which should evaluate or assess all biomedical research. They are well established in the assessment of whether a clinical trial should start, should be changed, or should not proceed. The inclusion of RECs in this process is crucial for both the protection of research participants and for ensuring trust and confidence in the process of the development of new pharmaceutical products. EUREC is concerned that the proposal as it stands would allow a Member State to choose not to include independent ethical review by RECs in the assessment of clinical trials proposals, and finds it very difficult to understand why the Regulation does not require that all clinical trials, including those with low risk, must be assessed by RECs.

2. If the process of assessment is to be taken seriously, allowing for proper consideration by appropriate committees, realistic timescales must be given. The timescales proposed, for example under Article 6(4), are in practice much too short and therefore they run a very real risk that Member States will not be able to include effective review in their assessment process, defeating the very purpose of the Regulation.

3. One of the driving concerns expressed in the background papers for the proposed revisions is the different standards applied by Member States. EUREC is concerned that these different standards will persist into the operation of the new Regulation if Member States are given the proposed wide discretion in constituting their national assessment processes. Allowing sponsors to choose which Member State to nominate as the reporting Member State runs a very real risk of exaggerating the different standards as sponsors could well chose to nominate Member States with weak assessment regimes to this important role within the governance structure.

4. EUREC welcomes the inclusion of informed consent in the Part 2 Assessment. The representatives of RECs wonder why the Commission has chosen not to include the full range of ethical principles that are included in the Directive with the aim to introduce a compulsory list of items to be addressed in the course of the ethical review process.

5. EUREC welcomes that the Commission has included 'level of care' and 'requirements of local law' (in conformity with Article 86) as reasons to allow Member States to register concern about proposals under Article 8(2). EUREC believes that a further reason should be added to allow a Member State also to register its concerns where a research proposal fails to gain a favorable opinion at the national REC.

Given the very tight timescale for comments on the proposal a full systematic critique is not possible, but EUREC has additional concerns about some of the drafting in the proposed Regulation. For example, there is no clear explanation of the Assessment Process. That the Assessment has two parts is initially indicated in the titles of Articles. This causes confusion in Article 11: is Article 11 intended to allow the sponsor to choose to apply first for a Part One assessment, and then at a later date for a Part Two assessment, or to chose whether both a Part One and Part Two assessment is necessary? The wording is, we feel, currently ambiguous.

EUREC is willing to make a full and enthusiastic contribution to the development of a robust governance structure for clinical trials in Europe, and is prepared to help in whatever way it can in relation to this proposed legislative revision.

EURECNET Conference in Bratislava: Challenges of Multicenter Studies in Europe

Foto: DRZE

EURECNET Members at the conference in Bratislava

On April 12th and 13th 2012 the EURECNET members met for a conference on "Ethical and Legal Challenges of Multicenter Studies in Europe". The meeting has been hosted by Professor Jozef Glasa from the Slovak Institute of Medical Ethics and Bioethics.

To extend the perspective of Research Ethics Committees two experts were invited: Dr. Hartmut Krafft from the Unit Clinical Trials at the Paul-Ehrlich-Institute in Germany represented the perspective of the Competent Authorities and Fabio d'Atri, officer from the Unit Medicinal Products represented the perspective of the European Commission. Furthermore, four new EURECNET partners from Bulgaria, the Czech Republic, Latvia and Romania introduced themselves by informing about the situation in their countries. As an example of multicenter studies Marcella Rietschel (Central Institute of Mental Health of the University of Mannheim, Germany) presented the "IMAGEN Study". IMAGEN is a European Research Project on risk taking behavior in teenagers, which aims to identify biological and environmental factors that might have an influence on mental health of minors in different European Countries.

Foto: DRZE

Speaker: Eugenijus Gefenas

Foto: DRZE

Left to right: Lino Paula, Dirk Lanzerath, Elmar Doppelfeld

The main questions of the meeting included what strategies could be used to make scientists more committed to ethical issues and how ethical review could deal with different legal frameworks and legal traditions in various European countries. It is obvious that centralized states act differently than federally organized states and hence it is problematic to call for "a single vote for Europe". But is it ethically acceptable to treat people differently due to regional differences? Considering the different traditions, the most important challenge is to foster the exchange of knowledge and experience of RECs all over Europe - and also between RECs and the competent authorities. All attendees summarized it as one important task for EURECNET to implement a procedural framework for Ethical Review similar to the voluntary harmonization process (VHP) initiated by the competent authorities. Ethics Committees could still decide locally, but at least the 27 member states would have a majority vote. Safeguarding the rights of people and protecting human subjects in clinical trials has to be the overall objective of all parties concerned.

The complete agenda of the conference and the presentations held in Bratislava are online available at the website *www.eurecnet.org* .

EURECNET Conference in Oslo: Whole Genome Sequencing. Scientific, ethical and legal challenges for review by Research Ethics Committees

On September 6th and 7th 2012 the EURECNET members met in the vicinity of Oslo for a conference on "Whole genome sequencing. Scientific, ethical and legal challenges for review by research ethics committees". The meeting has been hosted by Professor Knut Ruyter from the Regional Committees for Medical Research Ethic, University of Oslo.

The conference identified whole genome sequencing as a new challenging issue for the review by REC. The technology is by now affordable and is proposed used in a number of projects, not only in clinical research, but especially in biobank and epidemiology research. It confronts REC with the challenge of deciding projects in which the research terrain doesn't always fit the map, especially when it comes to multi-national projects and international cooperation within large infrastructures.

The conference invited scientific experts to present status quo of the technology, as well as concrete projects based on national and international cooperation. The use of whole genome sequencing was discussed by experts within law and ethics. In addition an expert in social science presented results of the Eurobarometer regarding public perceptions and attitudes to genetic research, and by extension to whole genome sequencing.

The conference distinguished between clinical research and biobank research and epidemiology.

The conference also introduced Shared ethical debate, which has been used in the UK as a mean to improve the quality of the decision process in REC. The model was introduced by the ethics advisor, Dr. Hugh Davis, of the National Research Ethics Services in the UK. Concrete research projects dealing with whole genome sequencing were presented by two investigators and discussed in groups. Davis moderated the plenary sessions.

On the part of the European Commission Domian Karatzas has attended the conference. In his capacity as Head of the Ethics Sector (DG Research and Innovation) he presented the expectations of the EC Ethics Reviews under the FP7 Ethics Framework and the special clauses on ethics in research.

Karatzas advocated rules for submission of proposals and the related evaluation as well as selection and award procedures. Karatzas reported that, at present, the most common shortcomings of proposals in terms of ethics include the following :

- Lack of consistency between the research work proposed and the ethics annex of the application
- No information on handling incidental findings
- Issues related to children: failure to describe if child obtains a real and direct benefit. If child is not directly benefited, a minimum risk and minimum burden must be illustrated
- Developing Countries: failure to describe why it is necessary to include developing countries and whether any benefits will reach these countries and the local populations
- Clinical trials: failure to justify human intervention from an ethical perspective, safeguard data protection, design of informed consent forms
- Data protection and privacy: codification, storage and anonymizaton of personal data

The complete agenda of the conference and the presentations held in Oslo are online available at *www.eurecnet.org*

Foto: EUREC Secretariat

EURECNET members at the conference in Oslo

General Information on EURECNET

Today, the ethical review of research projects which involve human participants has become a mandatory standard that is reflected in national laws as well as in supranational and international documents. Not only those people who are willing to participate as subjects in research projects, but also both, researchers undertaking projects and the general public, have come to expect that an independent review process is in place which ensures the highest degree of protection possible and, more generally, that research is carried out in an ethically acceptable manner. In the early second half of the 20th century review bodies started to emerge, mainly as a form of self-regulation of the medical profession and often in an ad-hoc form responding to concrete problems. However, in the past decades Research Ethics Committees (RECs) have, in most European countries and worldwide, been established as permanent and independent bodies. As such they build, at least in Europe and other western countries, the core of a robust infrastructure which monitors and reviews research projects.

EURECNET is a network that brings together national Research Ethics Committees (REC) associations, networks or comparable initiatives on the European level. The network interlinks European RECs with other bodies relevant in the field of research involving human participants like National Ethics Councils and the European Commission's ethical review system. Such a network forms the infrastructural basis to promote awareness of specific working practices of RECs across Europe, to enhance the shared knowledge base of European RECs, to support coherent reviews and opinions and to meet new challenges and emerging ethical issues. The central objective of EUREC as a Coordinating Action is to foster the already existing network of European REC networks.

In particular, the contribution of EURECNET aims at five different levels:

- fostering a sustainable infrastructure for European RECs to promote exchange and cooperation and to allow for international cooperation
- gathering information on RECs in Europe to build a basis for mutual exchange
- collecting and evaluating training materials for REC members to enhance the quality of review
- conducting capacity building to facilitate the development of national REC networks
- identifying emerging ethical issues to develop common solutions for challenges posed by new technologies and scientific methodologies.

Since September 2012 EUREC is listed as association in the register of associations. The EUREC Secretariat is located in Bonn. Full Membership is open to one national network per member country or the national research ethics committee where only one exists. Nominated networks must be independent having no commercial or other conflicts of interest. The Board of EUREC is responsible for the daily work of the Association, prepares and chairs the General Assemblies, takes care of the information, and informs the Members about its work.

EUREC is connected with the EURECNET Project. The project is a consortium of twenty European research facilities, which has been established in March 2011 and is being funded by the European Commission under Framework Program 7 (FP7). It is coordinated by the German Reference Centre for Ethics in the Life Sciences (DRZE). Following already existing efforts, especially efforts within a previous project, one of its primary objectives is to foster a sustainable infrastructure for European RECs. In order to achieve this aim in 2011 a EURECNET secretariat has been set up which, aside from managing and coordinating the project as a whole, is responsible for managing the communication of the project partners with the European Commission and for making available the project's interim and final results to the public.

Imprint

This newsletter is published by
EUREC Secretariat
Bonner Talweg 57
D – 53113 Bonn

Telephone +49 228 33641930
Fax +49 228 33641940

Head of Secretariat Dr. Dirk Lanzerath
Scientific Adviser Dr. Bert Heinrichs
Editor Dorothee Güth
EUROPEAN NETWORK OF RESEARCH ETHICS COMMITTEES (EUREC)
http://www.eurecnet.org

Members of the Board
Chair Prof. Dr. Elmar Doppelfeld
Vice Chair Prof. Dr. Eugenijus Gefenas
Head of Secretariat Dr. Dirk Lanzerath

Additional Members Prof. Dr. Gisela Dahlquist, Prof. Dr. Maria A. Ribeiro, Prof Dr. Knut W. Ruyter