



THE DANISH
COUNCIL OF
ETHICS

Annual Report, 2012



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Preface

Should we start testing our genes, even though there is nothing wrong with us on the face of it? What responsibility do we have as individuals for ensuring that the world's ecosystems do not collapse? Should active euthanasia be an option for terminally ill people in the Danish health system? Is it ethically defensible to use force on patients with mental illness? And how, incidentally, do we refer to these types of patients in an acceptable way – as mentally disordered, mentally deranged, mad, insane or mentally ill?

2012 has been a busy year at the Danish Council of Ethics. As the questions suggest, the Council has been working on many different projects. However, the feature common to all the projects is that they deal with issues relating closely to the human condition. Socially relevant, weighty topics which concentrate not merely on the beginning and end of life, but everything in between as well: psychiatry, genome tests, climate and food issues, and linguistic usage in the health sector.

Another common denominator of the Council's projects is their supreme purpose, to generate debate. So there is no point turning to the Council for a 'correct answer', as there are no clear-cut or right answers to ethical questions. That is what makes these questions so difficult.

The situation in which Danish politicians found themselves back in 1987, when the Act on the Danish Council of Ethics was passed, was also difficult. The possibility of having children by means of assisted reproduction turned the world map on its head, and Danish Parliament

therefore decided to form a Council of Ethics to look at the new fertility methods. As you can read on the following pages, the Council of Ethics' sphere of operation during the first 25 years has expanded to take in much else, and issues other than the ethical questions surrounding the start of life.

Enjoy the read!



Jacob Birkler
Chairman



Pernille Seaton
Acting Head of Secretariat





Innovative work on ethics in psychiatry

PSYCHIATRY Involvement, innovative thinking and finessing are some of the key words that made the Council's project *Power and Powerlessness in Psychiatry* a success with the many players and stakeholders in the field.

The working process initiated by the Council on the project *Power and Powerlessness in Psychiatry* in 2012 was rather atypical, its purpose being to delve into the ethical dilemmas arising when severe mental illness places patients, relatives and healthcare staff in some extremely difficult situations. To the chair of the working party, Lotte Hvas, it soon became clear that this project called for an innovative approach to the work on ethics:

"Many people had been calling for an ethical debate in the area of psychiatry, but we soon realized the area was properly regulated and well described in a large number of reports, recommendations, laws and white papers. In order to understand and learn about the particular, and often sensitive, problems that exist within psychiatry, we had to involve a great deal of the many stakeholders in the psychiatric field.

Our wish was to ‘turn the ethics on its head’. Instead of describing some subtle ethical rules that should apply to psychiatry, we took as our basis very specific issues, as perceived by the many different players in the area,” Lotte Hvas explains.

Off with the kid gloves

On the Council, ethical dilemmas are assiduously debated, whereas they are more rarely performed as theatrical scenarios by professional actors. Nonetheless, that was one of the approaches adopted by the Council to illustrate the dilemmas in as true-to-life a manner as possible. Apart from involving stakeholders and players from the field in workshops at an early juncture in the project, the working party was also assisted by the consultancy firm Da Capo, who with the help of professional actors and process consultants helped develop scenarios reflecting day-to-day dilemmas in psychiatry. According to Lotte Hvas, that imparted a special quality to the process:

”By having things acted out as a case study, everyone had an opportunity to chip in with their slant on the story, and the debate was less rigid by being able to avoid direct personal attacks and criticism, while still allowing people to ‘take the kid gloves off’ and talk through genuine dilemmas.”

Not just a question of resources

In the Council’s statement *Power and Powerlessness in Psychiatry*, the Council highlights the fact that better conditions in psychiatry are not just a question of greater resourcing. It is just as much about the culture that exists on psychiatric wards around the country. That may seem like a controversial proposition, but according to Lotte Hvas it is one of the crucial considerations in being able to get to grips with the stigmatization and tabooization of patients with mental illness.

”For me the biggest ethical question is whether it is possible to change conditions in psychiatry so that, to a greater extent, patients are treated as equals, despite suffering from a mental illness”, says Lotte Hvas,

who relates that it has been incredibly meaningful to discuss her views with the people actually affected by the recommendations produced by the Council:

”It’s as if our recommendations have taken on a life of their own, in the sense that they are being read on the wards, our film is being watched, and the views are being discussed long after our work on the Council has finished.”

Alarming development

Karen J. Klint, the Danish Social Democrats’ chairperson for psychiatry and vice-chair of the Parliamentary Committee on the Council of Ethics, was one of the MPs who wanted the Council to bring out a new statement on force and coercion in psychiatry.

”I find the increasing growth in the number of citizens being included under a psychiatric diagnosis or one of vulnerability very alarming—both because it is profoundly worrying that so many people are living in and with conditions that give them a mental illness requiring treatment and because providing so many people with decent treatment is a massive challenge, in terms of funding and the capacity of our mental health system”, says Karen J. Klint, who herself took part in several of the workshops held by the Council during the course of the project.

”The idea of getting a troupe of dramatists to illustrate the dilemmas seemed to be highly conducive to the debate, and I’m convinced that it eased the way for aspects to emerge which the participants would otherwise have found it harder to put into words. That openness and insight have been valuable in my political work as chairperson for psychiatry.”

Legislation alone won’t do

According to Karen J. Klint, achieving a reduction in the force used in psychiatry is a must, so she is pleased that the government has set

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Lotte Hvas



up a committee to produce proposals for a national action plan for psychiatry. Going forward, however, Karen J. Klint does not think the politicians should play a legislative role only. In order to create better conditions for those patients included under a psychiatric diagnosis and already struggling with an impaired quality of life and limited options, politicians are required to take greater part in both the public and the internal debate, so that expectations and scope for hands-on action go more hand in hand.

"We need patients suffering from mental illness to be met with the same respect, both professionally, economically and research-wise, as patients with other severe diseases such as cancer and cardiovascular disease. That calls for the political will to prioritize, the will to look at any barriers in our treatment cultures and systems, and a better preventive effort", says Karen J. Klint, adding:

"I often use the Council's statement in the form of the leaflet *Power and Powerlessness in Psychiatry*. It's a valuable contribution to the debate about focusing consistently on the fact that force and coercion which can be avoided must be avoided, and that reaching that point poses a collective challenge for politicians and others."

Visit the project page on psychiatry on the Council's homepage, where the statement, videos and background texts can be downloaded for use in teaching and debate.



Ethics and language in a digital age

ETHICS AND LINGUISTIC USAGE With the 2012 project *Ethics and Linguistic Usage* the Council directed the spotlight on language in the Danish health services—an involving project in which many people – inside and outside the Danish health services – made known their opinion via the smartphone application *Ethics and Linguistic Usage – from Cradle to Grave*.

A confrontation with linguistic habits was just clicks away on the purple icon when, in March 2012, the Danish Council of Ethics launched an app on Ethics and Linguistic Usage. Given that the year is 2012, there may be a need to think in terms of new digital options if it is wished to generate debate. This particular app allowed people to take part in the debate on Ethics and Linguistic Usage, simply and quickly, using their smartphones.

During 2012 more than 5,500 people sent in replies on their phones, and the output, according to Council member and chairperson of the

working party, Anne-Marie Mai, is both exciting and informative:

"I've been surprised at some of the answers, and I think it's a good, contemporary way of generating interest and dialogue. In the working party on Ethics and Linguistic Usage we have also been taking part in traditional meetings and debating events, but the app has allowed us to receive input from people who may not have felt like or had chance to attend meetings, and are keen to make their views known without spending too much time on it. To my mind, the app has been an important instrument, and one which I think the Council of Ethics can benefit from using in connection with other debates."

Thoughtful use of language

With the many replies elicited by the application, the vast majority clearly prefer to use the expression active euthanasia when talking about taking the life of a terminally ill patient, while it would only occur to very few to refer to a person suffering from mental illness as mad. The considered feedback reflects the experience Anne-Marie Mai has had from the debates she herself has taken part in:

"As a result of talks and meetings, I've been in touch with many people while appearing on Poul Friis's radio show on DR's P1. What impressed me was that people actually give a great deal of thought to the kind of language they use themselves, and the linguistic usage they encounter in the health sector. It was thought-provoking to hear from a female patient who managed to give as good as she got when she felt victimized by a doctor who was making ironic remarks about her 'fat thighs'. It was also splendid to take part in a debate at Testrup Folk Highschool, where the pupils were very hands-on and personal in their input on experiences with ethics and language. One young girl spoke of her chronic rheumatic complaint, stressing how important it was for her not to see herself or be seen and referred to as a "chronic case". After all, she is – as she said – a lot more than just an illness."

The debate material *Ethics and Linguistic Usage - from Cradle to Grave*, with statistics on replies received from the app, can still be downloaded from the library on the Council's homepage.



Should healthy people have their genes tested?

GENOME TESTS The fact that new technology is constantly throwing up new ethical dilemmas became clear when the Council of Ethics published its recommendations on the use of genome tests in diagnostics, research and through private providers at Christiansborg on 1 Nov. 2012.

A genome test is a form of genetic investigation in which large parts of patients' gene stock or genome are examined at one time. The price of genome tests has plummeted since the first human genome was mapped in 2004. Genomes are now being mapped as never before. Researchers are already well underway exploiting the new possibilities, and future years are expected to see the technique improve hospitals' diagnosis of patients with signs of hereditary disease. At the same time, a horde of companies has sprouted up, encouraging healthy citizens to have their genes examined, at their own initiative.

As genome testing becomes more widespread, genetic tests are increasingly appealing to healthy people, because the huge volumes

of data provided by a genome test not only tell us about hereditary disease but can also say something about healthy people's possible dispositions to a long string of disorders. This is precisely where new ethical dilemmas are simultaneously being raised.

To know or not to know?

The Council of Ethics' work on genome testing has crystallized in a background report and a statement. In its recommendations the Council emphasizes the great potential of genome tests, but at the same time warns against using the technique indiscriminately. The problem is that the information is unreliable in most instances, as pointed out by Emeritus Professor Gunna Christiansen, MD, who chaired the working party supervising the work on genome tests at the Council of Ethics.

"For healthy people who have a genome test done, the health value of the information will often be extremely dubious. The person being tested can easily end up making inappropriate health choices because the information is simply too unreliable."

Interpreting the results of genome tests can be highly challenging, therefore; not least, it can be difficult to predict who will become ill. If the results do not present a true and fair view or are overinterpreted, the result can be a false alarm or create a false sense of security. That can lead to undue concern or a lack of vigilance, as well as overdiagnosis and treatment. For the patients such information can thus be an inconvenience rather than a benefit.

Genome tests, in other words, are synonymous with more, and more uncertain, results than we have previously seen. That makes the technique difficult to handle, particularly for the doctors. How many of these potentially health-relevant findings should they tell the patients about? To what extent can or should the patient be instrumental in determining whether the different results are relevant and useful?

One of the dilemmas lies in the fact that doctors cannot know in

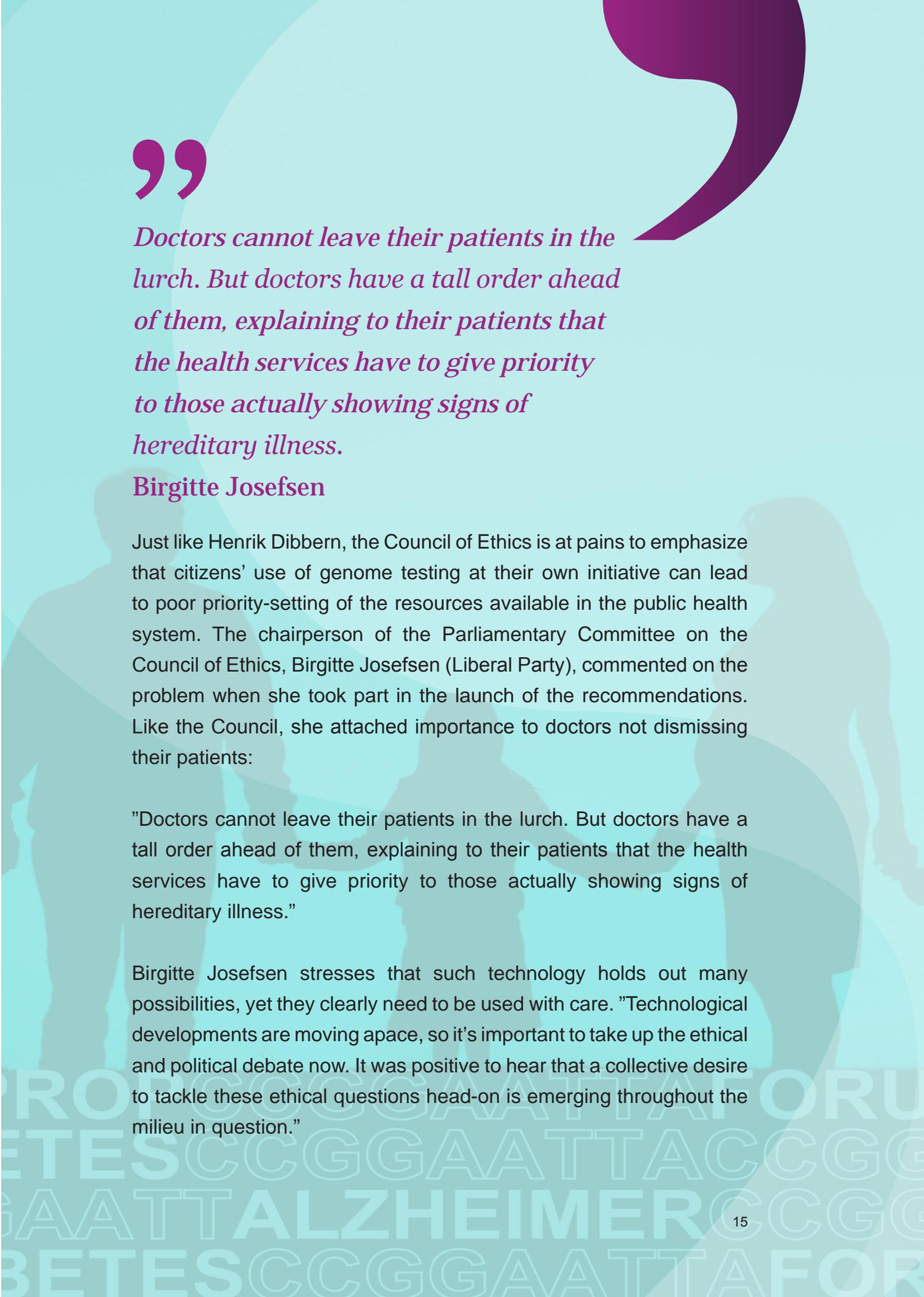
advance which patients wish to have the information, and may be able to handle the uncertainty properly, and which do not. The Danish Health Act stipulates that doctors shall respect patients' wishes about both knowing and not wanting to know. The Council of Ethics therefore recommends that patients' wishes regarding feedback always be clarified before a genome test is set in motion. Furthermore, the Council recommends that genome tests always be accompanied by impartial and comprehensive information and counselling, regardless of whether they are conducted under public or private auspices. That may prove to be a challenging requirement, especially where private providers are concerned, as the most popular providers have an address outside of the EU, so there is limited scope for enforcing the legislation in respect of them.

Waste of resources in the health services

Another problem is that only few doctors in Denmark have sufficient specialist knowledge to advise patients on the significance of genetic tests. That can lead to money being squandered on unnecessary or erroneous diagnosis and treatment. In many cases the resources will be spent on people who are not really at risk at all. The Council of Ethics nevertheless recommended that general practitioners see patients who have had a genome test done at their own initiative.

To all appearances, the recommendation did not go down well with Danish GPs. At the time the recommendations were published, the chairman of the Danish Organization of General Practitioners, Henrik Dibbern, stated to the Danish daily newspaper JP.dk:

"I wish gene testing was reserved for patients at genuine risk of severe hereditary disease so that it doesn't end up as a sort of unpredictable crystal ball about the future, which is extremely uncertain anyway (...) if there's a tsunami of new enquiries in years to come from people who have had some kind of result from a gene test, we will have no choice but to ignore other duties."



Doctors cannot leave their patients in the lurch. But doctors have a tall order ahead of them, explaining to their patients that the health services have to give priority to those actually showing signs of hereditary illness.

Birgitte Josefsen

Just like Henrik Dibbern, the Council of Ethics is at pains to emphasize that citizens' use of genome testing at their own initiative can lead to poor priority-setting of the resources available in the public health system. The chairperson of the Parliamentary Committee on the Council of Ethics, Birgitte Josefsen (Liberal Party), commented on the problem when she took part in the launch of the recommendations. Like the Council, she attached importance to doctors not dismissing their patients:

"Doctors cannot leave their patients in the lurch. But doctors have a tall order ahead of them, explaining to their patients that the health services have to give priority to those actually showing signs of hereditary illness."

Birgitte Josefsen stresses that such technology holds out many possibilities, yet they clearly need to be used with care. "Technological developments are moving apace, so it's important to take up the ethical and political debate now. It was positive to hear that a collective desire to tackle these ethical questions head-on is emerging throughout the milieu in question."



Euthanasia – a classic in the ethical debate

ACTIVE EUTHANASIA September 2012 saw the publication of the Council of Ethics' latest recommendations on active euthanasia. This is the third time in the Council's history that a concerted Council has provided recommendations on one of the ethical questions that most divide politicians, healthcare staff and citizens.

Both at home and abroad, active euthanasia (assisted suicide) is one of the ethical questions most vigorously debated of all. It came as no surprise, therefore, that in June 2012 the Danish Minister of Health, Astrid Krag, asked the Council of Ethics for an updated position on the question. This was given with the Council's recommendations in September 2012 in the statement entitled *The Danish Council of Ethics' statement on possible legalization of active euthanasia*.

Different views on the Council

A large majority of 15 members of the Council of Ethics thinks that active euthanasia should continue to be illegal in Denmark. One of them is

Edith Mark, who holds a PhD and researches into clinical nursing: "Active euthanasia not only concerns the individual, it concerns people in their mutual interrelationships. We are actually dependent on other people's support throughout the whole of our existence. Time and again, I see people calling for co-determination and involvement in difficult situations – which can be, say, terminating a futile line of therapy – but it's not self-determination they crave, it's understanding", says Edith Mark, adding that the Danish health services must be capable of providing the sympathy, care, support and respect which the patient needs as the end of their life draws near.

Historian of ideas and highschool principal Jørgen Carlsen is one of two members of the Council who feel it is about time to take a closer look at whether a change in the present law might be a possibility:

"In certain cases, and as an absolute exception, it may be ethically defensible to discontinue a person's course of life. So why should we prohibit it entirely as a matter of course? It's no good constantly beating around the bush, saying that active euthanasia is a complex question. If active euthanasia is the ethically correct thing to do in certain situations, that ought to be reflected in the law," says Jørgen Carlsen.

The thorny question

But why is active euthanasia such a difficult question to make up one's mind about, and why does it keep cropping up on the public agenda?

"Unfortunately, I think quite a lot of people have seen the way the Danish health services have not been up to coping with palliative therapy. That may be one of the reasons they advocate a quicker, self-determined death. That's why we in the Danish health services have to become much better at offering good palliative therapy", says Edith Mark, though she does not consider this alone to be the explanation: "Fundamentally, death shocks and revolts us all, because we are powerless in the face of our own frailty and mortality. In our part of the

world, where we are surrounded by therapeutic offerings, rights and well-ordered conditions, we feel provoked when we lose control.”

Read the Council of Ethics’ statement on possible legalization of active euthanasia and see more on the Council’s homepage, where you will find a themed section on active euthanasia.

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Edith Mark



Can bioenergy offer a solution to climate problems?

BIOENERGY, FOOD AND ETHICS The Earth's ecosystems are under pressure, with a number of threatening climate and resource crises looming just around the corner. One of the possible solutions being flagged is to introduce bioenergy. But is it even a sustainable solution, or will it merely result in more challenges and ethical dilemmas? In a report from May 2012 the Council has taken a closer look at whether bioenergy really is a good idea.

Climatic issues are also ethical issues. The Council brings that out in its report entitled *Bioenergy, Climate and Ethics in a Globalized World*, published in May 2012. When the climate debate rages, politicians usually talk about economics and experts discuss various technological solutions; only rarely do we hear about the ethical questions spawned by climate, energy, food and natural crises. The Council wished to change that with its report. But why is introducing bioenergy—or not—even an ethical question?

"The great dilemma is one of scarce resources. It's about our resources - e.g. soil, water and nutrients – being used largely on things other than food, i.e. energy. That in turn gives rise to a prioritization issue. We cannot do without food; there are already great shortages of it in many parts of the world. But energy is certainly a little easier to cut down on. The problem is that we overconsume energy, and our requirement is increasingly being met by bioenergy. The consequence is that food prices will rise, and that fuels food crises", says the chair of the working party, Rikke Bagger Jørgensen, who goes on to say:

"But it's also an important point that bioenergy is a differentiated form of energy, which is to say that there are many forms of bioenergy. Some are sustainable and can be used without damaging the basis of our own existence, and that of nature".

More ethics in the climate debate

It comes as no surprise to Rikke Bagger Jørgensen that questions of ethics don't occupy more air-time in the public debate on climate. She also has some idea why climate issues never gain quite so much popularity as, say, the question of active euthanasia:

"We haven't yet been particularly affected by the negative aspects of climate change in Denmark, so it's very vague for us to have to take a stance on something that is so intangible. After all, we're not the ones it affects personally – unlike other ethical questions such as active euthanasia, which can really get people on their toes. But the big problem is that the individual citizen doesn't feel climate change is his or her thing. Sadly, we don't feel responsible for the starving children in Africa, who are already suffering from climate change that we have helped create, or for the future generations who will have to pay the price. It's too remote from us in time and space. We're tempted to say that these are problems that must be dealt with politically and internationally, because as individuals we don't feel there's that much we can do; or to completely dismiss the fact that climate problems

exist at all, as some people still believe, despite such climate change being rigorously documented scientifically.”

But perhaps there is something to indicate that many people are now becoming engaged with climate issues – at any rate judging from the feedback that has been coming in on the Council’s bioenergy report:

”We’ve held some very well-attended debating events and received a good response to the actual report. Even though we’ve been told it’s a good and thoroughly well worked-out report, I might nevertheless have wished that our recommendations had been a little more specific and packed more punch. Overall, though, my feeling is that the messages are getting through,” Rikke Bagger Jørgensen says.

Abroad, great interest has also been shown in the Council’s report, which will now be translated into English. The report and the Council’s recommendations can be read and downloaded from the Council’s homepage.

A large, stylized purple quotation mark graphic that spans across the middle of the page, framing the text.

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Rikke Bagger Jørgensen



International ethics meetings in Copenhagen

INTERNATIONALLY Ethical guidelines for bioethical research were the keynote topic when representatives from ethics councils and committees the world over met for the European Commission's annual meeting, *International Dialogue on Bioethics*, in Copenhagen in June 2012. Following on from that meeting, the Danish Council of Ethics and the EU Commission's ethics council held a meeting on the Council of Ethics' report on Bioenergy, Climate and Ethics.

On 19 June 2012 the historic banquet hall at the University of Copenhagen formed the setting for the fourth meeting of the European Commission's In-ternational Dialogue on Bioethics. This is an annual meeting forum organized by the EU Commission and what is equivalent to the Commission's council of ethics, the European Group on Ethics of Science and New Technologies (EGE), with participants from all over the world. The international meetings on bioethics under EU auspices shadow the EU chairmanship, and the Council of Ethics

in Denmark therefore co-hosted and co-organized that meeting, at which this year's theme was governance of research and medical data in clinical and research settings.

The purpose of the meeting was to shed light on and debate relevant initiatives in the different countries and to share insights with one another into the various ethical guidelines with which the countries operate. At the meeting, council and committee members from various countries, inside and outside the EU, presented their rules for biotechnological research.

On 20 June 2012 a meeting was held between the EU's council of ethics—the European Group on Ethics (EGE)—and the Council of Ethics in Denmark. A meeting between the two councils was particularly topical at that point, as the Danish Council of Ethics had just published the report *Bioenergy, Climate and Ethics in a Globalized World* in May 2012, and EGE was due to draft a new report on energy.

In October 2012 the annual meeting of the ethical councils in the EU was held in Cyprus, which took over chairmanship of the EU from Denmark. Attending from the Danish Council of Ethics were Council member Gunna Christiansen and head of secretariat Lise Wied Kirkegaard.

International meetings

- EC International Dialogue on Bioethics: Annual meeting organized by the European Commission with participants from the whole world.
- National Ethics Council's Forum (NEC forum): Annual meeting for the EU's ethical councils and committees. The meeting is held in the country holding EU chairmanship.
- Global Summit of National Ethics Committees: Meeting held every other year and organized by the UN's Educational, Scientific and Cultural Organization, UNESCO.

Activities in 2012

Overview of the Council's activities in 2012:
publications, consultation reply, organized events etc.

Reports

- Genome Tests - Ethical Dilemmas in Diagnosis, in Research and Direct to the Consumer
- Power and Powerlessness in Psychiatry
- Bioenergy, Food and Ethics in a Globalized World
- Ethics and Linguistic Usage – from Cradle to Grave

Statements

- The Council of Ethics' statement on possible legalization of active euthanasia
- The Council of Ethics' statement on coercion in psychiatry
- Statement on the non-provision and discontinuation of life-sustaining treatment

Consultation replies

- Hearing on draft executive order on the right to hospital treatment etc.
- Regarding hearing on reference architecture for information security in the Danish health services
- Hearing on draft executive order on assisted reproduction and draft executive order on evaluating parental unfitness in connection with assisted reproduction therapy
- Technical hearing on revised guidelines in connection with legislative amendment to executive order on the Danish Act on Assisted Reproduction in connection with medical treatment, diagnosis and research etc.
- Regarding hearing on draft bill to amend the Danish Health Act and the Act on the Right to Complain and Receive Compensation within the Health Services (Right to Speedy Investigation and

- Differentiated Right to Extended Free Choice of Hospital etc.)
- Regarding hearing on the draft guideline on consent to research on tissue and other biomaterial removed during a medico-legal autopsy
 - Hearing on draft bill to amend the Health Act (entitlement to benefits and patients' rights etc.)
 - Consultation reply re revised draft of executive order on information and consent to participate in health-science research projects and on registration and supervision of health-science research projects
 - Consultation reply regarding L110 – bill for an Act to amend the Health Act and the Act on the Danish Council of Ethics
 - Consultation reply re draft bill to amend the Health Act (adjustments regarding planning, cooperation, IT, quality and financing of Danish health services etc.)
 - Hearing on draft bill to amend the Act on Assisted Reproduction in connection with medical treatment, diagnosis and research etc., the Children's Act and the Adoption Act
 - Hearing on the regions' and municipalities' right to retrieve and process personal data from public registers for use in organizing and planning initiatives in the field of health

Debating events

November 2012	Debate day on ethics and linguistic usage in the health sector, Testrup Folk Highschool
November 2012	Debating event on genome tests, Parliamentary Auditorium at Christiansborg
October 2012	Debating event with <i>Politiken Plus</i> : Who should lead the way when the crunch hits home? Debate on climate, food and ethics, Copenhagen
May 2012	Debate day on bioenergy, food and ethics in a globalized world, Joint Hall, Christiansborg

April 2012	Power and Powerlessness in Psychiatry – a debate day on ethical dilemmas, Parliamentary Hall, Christiansborg
February 2012	Workshop on psychiatry in association with Central Denmark Region, Viborg.
February 2012	Debate on bioenergy, food and ethics, University of Aarhus

Council meetings

December 2012	Council meeting no. 272
November 2012	Council meeting no. 271
October 2012	Council meeting no. 270
September 2012	Council meeting no. 269
August 2012	Council meeting no. 268
June 2012	Council meeting no. 267
May 2012	(In-house meeting), council meeting no. 266
April 2012	Council meeting no. 265
March 2012	Council meeting no. 264
February 2012	Council meeting no. 263
January 2012	Council meeting no. 262

International meetings

October 2012	Meeting of the National Ethics Councils Forum, Cyprus
September 2012	European Group on Ethics, Roundtable on Energy Mix, Brussels
June 2012	Meeting with European Group on Ethics on bioenergy, Copenhagen
June 2012	EC International Dialogue on Bioethics, Copenhagen

Teaching

“Youth Town” - Ethics on Speed

Practical information

October 2012

Relocation from Rentemestervej to
Holbergsgade, Copenhagen K

June 2012

Amalgamation with the secretariat for the
National Committee on Health Research
Ethics

Council members, 2012



Jacob Birkler
(Chairman)
Member since 2010
See more here >>



Mickey Gjerris
Member since 2011
See more here >>



Lillian Bondo
Member since 2011
See more here >>



Søren Peter Hansen
Member since 2011
See more here >>



Niels Jørgen Cappelørn
Member since 2007
See more here >>



Lotte Hvas
Member since 2008
See more here >>



Jørgen Carlsen
Member since 2011
See more here >>



Rikke Bagger Jørgensen
Member since 2007
See more here >>



Gunna Christiansen
Withdrew from
the Council in
October 2012



Lene Kattrup
Member since 2010
See more here >>



Ester Larsen
(Vice-chair)
Member since 2011
[See more here >>](#)



Thomas Ploug
Member since 2011
[See more here >>](#)



Anne-Marie Mai
Member since 2011
[See more here >>](#)



**Christian
Borrisholt Steen**
Member since June 2012
[See more here >>](#)



Edith Mark
Member since 2011
[See more here >>](#)



Christina Wilson
Member since 2011
[See more here >>](#)



Peder Mouritsen
Withdrew from the
Council April 2012



Jørgen E. Olesen
Member since 2011
[See more here >>](#)





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Annual report 2012

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